

IMPLEMENTATION UPDATE GUIDE FOR CHCS S/W VERSION 4.51 TO VERSION 4.6 FOR EBC

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How To Use This Document

The Implementation Update Guide (IUG) is a reference manual for the implementation of CHCS Version 4.6 (EBC). There is an IUG for each functionality. This IUG is applicable to the MCP subsystem.

The Table of Contents provides an outline of the information contained in this guide. The document is divided into the following sections:

HOW TO USE THIS DOCUMENT - A description of the document and how to use it.

1. SUMMARY OUTLINE - Brief overview of changes-this can be used as a hand-out to all users.
2. SUBSYSTEM CHECKLIST - This is a step by step list of pre and post install implementation activities.
3. CHANGES AND ENHANCEMENTS - a description of each change with subsections including an Overview, Detail of Change, and File and Table Change.
4. APPENDIXES - applicable information pertaining to the implementation of Version 4.6 including Common Files changes, and a Master Checklist for all Subsystems.

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1. SUMMARY OUTLINE.

1.1 DISENROLLMENT DATE TO BE CANCELLED.

A new menu option will be created to support the cancellation or correction of a disenrollment date (Enrollment End Date) for the latest enrollment history. This option will support cancellation or correction for the last enrollment history in CHCS that has the MCP status of '**Disenrolled**'. This option will be locked by a new security key, CPZ DISENROLL CANCEL/CORRECT, and only authorized users may process a disenrollment cancellation or correction.

This new option will transmit appropriate transactions to DEERS if the site is operating in DEERS Enrollment mode. As with other DEERS transactions, the MCP status will be updated based on the DEERS response.

1.2 ENROLLMENT CANCELLATION REVISIONS.

This new menu option (ECAN) supports enrollment cancellation processing for the following enrollment statuses:

- confirmed DEERS enrollment for a future date (Pending Enrollment)
- confirmed current DEERS enrollment (Enrolled)
- confirmed DEERS enrollment with an invalid disenrollment transaction (Invalid Disenrollment)
- an enrollment that was rejected by DEERS (Invalid Enrollment)

This new menu option will provide a more streamlined approach to enrollment cancellation by automatically setting the disenrollment reason to 'Enrollment Canceled' and updating the enrollment end date to equal the enrollment start date.

1.3 REVISE ENROLLMENT DISCREPANCY PROCESSING.

Several enhancement are contained in this change. New enrollments will now be updated as soon as a DEERS response is received by CHCS. The DEERS FAMILY MEMBER and the DEERS DISCREPANCY screens have several changes. Enrollment discrepancy codes will be stored in CHCS and the Enrollment/Disenrollment Discrepancy report may be printed on demand, by Division, and sorted in different ways. The TaskMan option CP ENROLLMENT Option will now run automatically and be retasked whenever CHCS goes down. Several

reports have been modified to report the same MCP status as reported by DEERS.

1.4 ENROLLMENT/DISENROLLMENT DISCREPANCY PROCESS.

The ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT may now be produced on request to report all enrollees whose current enrollment has an MCP status of **Invalid Enrollment or Invalid Disenrollment**. The discrepancies will be displayed in the report by code number and description. The user may either define a date range for the enrollment start date, a date range for the enrollment transactions, or print a list of all patients who have an existing enrollment discrepancy. The primary sort of data for this report shall be by Division name. In addition, CHCS will allow the user to select any of set of values to sort the report data: ACV, MCP Status, Discrepancy Code, Alpha Order, Unit, Beneficiary Category type. CHCS will display totals of the number of discrepancies for both ACV and MCP status on the Enrollment/Disenrollment Discrepancy Report. The report shall also include the date the enrollment was entered and the last date the record was modified.

1.5 ENROLLING DIVISION BASED ON PCM LOCATION.

This change will insure that the enrolling division assigned to an enrollee will be the division associated with the Primary Care Manager's (PCM) place of care. CHCS will stuff the enrolling division based on the place of care of the assigned PCM and will not allow the user to directly edit this field. The enrolling division will be a 'display only' field.

All enrollment functions will be modified to support this enhancement and there will be a direct link of the PCM's location and enrolling division. All enrollment processing options that allow the user to reassign a PCM will be updated with this design enhancement.

A data conversion will update the enrolling division based on the current PCM assignment and transmit a DEERS transaction for each enrollee as appropriate as part of the conversion.

1.6 CHCS/DEERS ENROLLMENT SYNCHRONIZATION REPORT.

This is a new report designed to provide summary level enrollment statistics within CHCS and capture enrollment statistics in a similar manner as by the DEERS system. It is a hard coded task job set to run the first of each month to calculate current enrollments. This report will count those enrollees currently assigned the MCP status of 'Enrolled' (with future enrollment end date) or 'Invalid Disenrollment'. This report is titled the CHCS/DEERS Enrollment Synchronization Report and will be a

spooled document. A new menu option will be added to the DEERS/Enrollment Maintenance Report in the event that the user wants to generate this report mid-month.

1.7 MEDICARE DEMONSTRATION ENHANCEMENTS.

These enhancements identify those patients that are eligible for Medicare benefits and are enrolled into the Tricare Senior Option program. This effort is referred to as Medicare Demonstration project and was scheduled to begin 1 Oct 97 but has been delayed. It is documented here for future use.

CHCS enhancements in support of the Medicare Demonstration effort are included with the EBC release. However, enhancements to DEERS in support of this effort not been implemented yet. DEERS enhancements in support of the Medicare Demonstration effort will be implemented at a future date. Although CHCS enhancements are available now, all enrollments for Medicare patients will be rejected by DEERS until their enhancements have been implemented and your site has been defined as part of the Medicare Demonstration effort.

The Medicare Demonstration project incorporates a variety of enhancements, all of which will track the enrollments of Medicare patients at approved sites yet to be determined. Enrollment transactions for Medicare patients will be assigned the Alternate Care Value of 'D' and will transmit enrollment transactions to DEERS for both enrollment modes (DEERS Enrollment mode or Local Empanelment mode).

This enhancement includes the capability to generate an ASCII file data layout of key enrollment related fields for Medicare enrollees.

***NOTE:** The software is included for documentation purposes only. Policies and procedures have not been determined yet and DEERS has yet to enhance their system.

***NOTE:** Currently, the Medicare Subvention Demonstration project will not allow enrollment past Dec 31, 2000. The CHCS training data base (version 4.6) utilizes dates in the year 2001 and beyond to permit the software to work as designed. The Training Data Base is not intended to depict the Medicare Subvention Demonstration project as extending beyond Dec 31, 2000. The Live CHCS environment will not permit enrollments beyond Dec 31, 2000.

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2. SUBSYSTEM CHECKLIST.

2.1 USER TRAINING.

2.1.1 DISENROLLMENT DATE TO BE CANCELLED.

A. Enrollment Clerks - Classroom training/hands on	30 mins
B. MCP/Tricare Supvs - Demo/training	15 mins

2.1.2 ENROLLMENT CANCELLATION REVISIONS.

A. Enrollment Clerks - Classroom training	30 mins
B. MCP/Tricare Supvs - Demo/training	15 mins

2.1.3 REVISE ENROLLMENT DISCREPANCY PROCESSING.

A. Enrollment Clerks - Classroom training	30 mins
B. MCP/Tricare Supvs - Demo/training	15 mins

2.1.4 ENROLLMENT/DISENROLLMENT DISCREPANCY PROCESS.

A. Enrollment/Tricare Supv - Hands on Demo	15 mins
--	---------

2.1.5 ENROLLING DIVISION BASED ON PCM LOCATION.

A. Enrollment Clerks - Classroom training	15 mins
B. MCP/Tricare Supvs - Demo/training	15 mins

2.1.6 CHCS/DEERS ENROLLMENT SYNCHRONIZATION REPORT.

A. MCP/Tricare Supvs - Demo/training	15 mins
--------------------------------------	---------

2.1.7 MEDICARE DEMONSTRATION ENHANCEMENTS.

A. Enrollment Clerks - Classroom training	15 mins
B. MCP/Tricare Supvs - Demo/training	15 mins

2.2 IMPLEMENTATION ISSUES.

A. PRE-LOAD

1. Disenroll or cancel all Medicare enrollments
2. Correct all "INVALID ENROLLMENTS/DISENROLLMENTS"

B. POST-LOAD

1. Print spooler report MEDICARE
2. Print spooler report EBC ENROLLEE DIV CONV REPT
3. Assign new Security Key CPZ DISENROLL-CANCEL CORRECT to users who will perform enrollment cancellations.
4. Re-enroll Medicare patients who will be prime.
5. Attach new Mail bulletins to an appropriate MCP Mail Group.

2.3 INTEGRATION ISSUES.

A. PAS

Enrolling divisions will be based on the PCM's Place of Care (Hospital Location) division. It is imperative that the Places of Care be reviewed to insure they are the correct divisions with addresses entered.

B. DEERS

DEERS transactions will increase. It is imperative that this be coordinated with the DEERS staff. The conversion will transmit a transaction for all 'enrolled' patients moved.

A. QA

All providers must be attached to the correct clinic they work in.

2.4 FILE AND TABLE CHANGES.

A. Assign the following Mail Bulletins to an MCP mail Group

- | | |
|---|---|
| 1. CP PCM CAPACITY EXCEEDED - MCP/TRICARE/UM Supervisors, | |
| 2. CP ENR BULL TASK ABORT | " |
| 3. CP ENR BULL TASK JOB | " |
| 4. CP DRS ENR SYNCH RPT | " |

2.5 SECURITY KEYS.

A. CPZ DISENROLL CANCEL/CORRECT

Use: Process disenrollment cancellations and corrections.

Holdings: Tricare/MCP personnel who will be canceling and/or correcting enrollments.

3. CHANGES AND ENHANCEMENTS.

3.1 DISENROLLMENT DATE TO BE CANCELLED.

A new menu option will be created to support the cancellation or correction of a disenrollment date (Enrollment End Date) for the latest enrollment history. This option will support cancellation or correction for the last enrollment history in CHCS that has the MCP status of '**Disenrolled**'. This option will be locked by a new security key, CPZ DISENROLL CANCEL/CORRECT, and only authorized users may process a disenrollment cancellation or correction.

This new option will transmit appropriate transactions to DEERS if the site is operating in DEERS Enrollment mode. As with other DEERS transactions, the MCP status will be updated based on the DEERS response.

3.1.1 OVERVIEW OF CHANGE.

A new menu option now exists to support the cancellation or correction of a disenrollment date (Enrollment End Date) for the latest enrollment history in CHCS that has the MCP status of '**Disenrolled**'. This option will be locked by a new security key, CPZ DISENROLL CANCEL/CORRECT, and only authorized users may process a disenrollment cancellation or correction.

This new option will transmit appropriate transactions to DEERS if the site is operating in DEERS Enrollment mode. As with other DEERS transactions, the MCP status will be updated based on the DEERS response.

3.1.2 DETAIL OF CHANGE.

3.1.2.1 DETAILED WORKFLOW.

- A. The new option 'Disenrollment Cancellation/Correction' is selected from the following menu for users assigned the new CPZ DISENROLL CANCEL/CORRECT security key. This option will be displayed in the menu for users that are assigned the security key.

**Menu Path: Menu Path: CA-> PAS->
Managed Care-> EMCP-> DCAN**

Sample Screen # 1 EMCP Menu

EENR	Enrollment Enter/Edit
ECAN	Enrollment Cancellation
DENR	Disenrollment
DCAN	Disenrollment Cancellation/Correction
RENr	Reciprocal Disenrollment Processing
CENR	Conditional Enrollment Processing
PENR	Print/Display Enrollment History
IENR	Interactive DEERS Eligibility Request
OENR	Outputs & Enrollment Maintenance Report Menu
BENR	Batch Enroll Active Duty
MENR	Multiple Batch Renewal and Disenrollment Function

Select Enrollment Processing Menu Option: **DCAN**

- B. The user enters or selects the patient for which the historical disenrollment date is to be canceled or corrected as in screen #2.

Sample Screen # 2 - Selecting Patient

Select PATIENT NAME: PARKER		
1	PARKER,JULIAN	02/424-96-8396 17 Mar 1991 M
2	PARKER,MORGAN A	03/424-96-8396 08 Sep 1992 F
3	PARKER,NEW BABY	04/424-96-8396 27 May 1995 F
4	PARKER,STACEY	01/424-96-8396 08 May 1984 M
	PARKER,THOMAS G	20/424-96-8396 07 Dec 1961 M

FO3
Choose 1-5: 5

- C. The system will display current eligibility data if the last eligibility check was processed within the past five days as in screen #3. The system will automatically request a family member eligibility check. Note that this is not a forced eligibility check and the user may 'batch' the check if desired. If a DEERS Check is repeated or if not previously done within 5 days, you will see screen #4.

Sample Screen # 3 - Current DEERS Eligibility Screen

CURRENT DEERS ELIGIBILITY
Name: PARKER, THOMAS G FMP/SSN: 20/424-96-8396
Patient Category: USAF ACTIVE DUTY DDS: 20
DOB/Age: 07 Dec 1961/35Y Sex: MALE

Sponsor Rank: CAPTAIN
Sponsor UIC: FF58B-1912 COMPUTER SYSTEMS GP
DMIS ID:
ACV: N-NOT ENROLLED/CHAMPUS INELIGIBLE
ACV Start Date: 28 May 1997 Region Code:
Care Authorization PH#: 0000000000 PCM Location:
Direct Care: ELIGIBLE Medicare: NOT ELIGIB
Dir Care Elig Start Date: 15 Dec 1987 CHAMPUS: NOT ELIGIBLE
Dir Care Elig End Date: INDEFINITE
Eligibility End Reason: U-Not Predictable

BRAC Pharmacy Eligibility:
Override Code:
Date of Request: 29 May 1997@0951

Select to (V)iew more DEERS data, (P)rint, (R)epeat DEERS check, (C)ontinue,
(Q)uit: C//

Sample Screen #4 - DEERS Processing Screen

CHCS-DEERS Processing DEERS Request

Waiting To Process.

Press 'B' to batch this DEERS request, or
'Q' to quit and not process this DEERS request.

D. The system will return a family member response which
will indicate the CURRENT enrollment history of each
family member (See screen #5).

Sample Screen #5 - Family Member Screen

```

                                FAMILY MEMBER SCREEN
Patient Name: PARKER,THOMAS G      FMP/SSN: 20/424-96-8396
      DOB: 07 Dec 1961
Sponsor Name: PARKER,THOMAS G      Sponsor SSN: 424-96-8396
Elig Start Date: 15 Dec 1987      Elig End Date: INDEFINITE
-----
Name                               Sex    DOB          DDS  ACV  Dir  Med  DMIS
-----
PARKER,THOMAS G                    M     07 Dec 1961   20    N    E    N
PARKER,STACEY                      F     08 May 1984    1    C    E    N
PARKER,JULIAN                      M     17 Mar 1991    2    C    E    N
PARKER,MORGAN                     F     08 Sep 1992    3    E    E    N   1042

```

DEERS has the beneficiary record, 'PARKER,THOMAS G'.
Is this the patient you want to process a cancellation/correction?Yes//

- E. The user will have the option to process the disenrollment cancellation or correction for all family members, multiple family members, or for an individual patient from the action bar seen in screen #6. The CHCS MCP status associated with the enrollment history is displayed for each family member. **The system will only allow the user to process cancellation/correction of the most recent historical enrollment record with the MCP status of 'Disenrolled' in CHCS and not currently enrolled in DEERS.** If the patient is currently enrolled at any facility or any non-TRICARE program (according to the DEERS eligibility response), disenrollment cancellation/correction will not be allowed because the transaction would be rejected by DEERS.

All family members with enrollment history within CHCS will be displayed. In the screen below, all family members with the exception of PARKER,MORGAN A may be processed. This enrollment history is not selectable because the patient is currently 'enrolled'. Any update of the current enrollment record must be processed via the 'Enrollment Enter/Edit' option.

Sample Screen #6 - Action Bar Selection

DISENROLLMENT CANCELLATION/CORRECTION
Patient: PARKER, THOMAS G FMP/SSN: 20/424-96-8396
Patient Category: USAF ACTIVE DUTY DDS: 20
MCP Status: DISENROLLED

FMP Family Member	DOB	ACV	Start	End	Status
01 PARKER, STACEY	08 May 84	E	26 May 97	31 Jun 97	D
02 PARKER, JULIAN	17 Mar 91	E	26 May 97	31 Jun 97	D
03 PARKER, MORGAN A	08 Sep 92	E	01 Sep 95	31 Dec 98	E
20 PARKER, THOMAS G	07 Dec 61	A	26 May 97	31 Jun 97	D

Select (A)ll Family Members, (I)ndividual Family Members,
or (Q)uit: A//

F. Those patients selected from the previous screen will be displayed. The user must select the desired action of (D)isenrollment Cancellation, or (C)orrect Disenrollment to continue (See screen #7). The user also has the option to (Q)uit which will return the user back to the menu.

Sample Screen #7 - DISENROLLMENT CANCELLATION/CORRECTION screen

DISENROLLMENT CANCELLATION/CORRECTION
Patient: PARKER, THOMAS G FMP/SSN: 20/424-96-8396
Patient Category: USAF ACTIVE DUTY DDS: 20
MCP Status: DISENROLLED

FMP Family Member	DOB	ACV	Start	End	Status
01 PARKER, STACEY	08 May 84	E	26 May 97	31 Jun 97	D
02 PARKER, JULIAN	17 Mar 91	E	26 May 97	31 Jun 97	D
20 PARKER, THOMAS G	07 Dec 61	A	26 May 97	31 Jun 97	D

Select (D)isenrollment Cancellation, (C)orrect Disenrollment Date, (Q)uit: Q //

G. The screen title will be updated based on the selected action.

For both the (D)isenrollment Cancellation or (C)orrect Disenrollment Date actions, the system will display each selected family member and will indicate the processing action for confirmation (screen #8). If the user confirms to continue in the processing of the disenrollment cancellation, the user will be required to enter a new disenrollment date for each family member.

In the screen sample below(#8), the disenrollment cancellation action was selected and the disenrollment date and PCM has been defaulted. **For disenrollment cancellation, the user is required to enter either a current or future end enrollment date for the enrollment segment.** If the user enters a current or future date, the system will store the 'original' disenrollment date. It is this date that would be returned to the CHCS enrollment record if the cancellation transaction is rejected by DEERS. If the user does not change to a current or future date, the disenrollment cancellation will not be processed or transmitted to DEERS.

Sample Screen #8 - DISENROLLMENT CANCELLATION screen

```

                                DISENROLLMENT CANCELLATION
Patient: PARKER,THOMAS G          FMP/SSN: 20/424-96-8396
Patient Category: USAF ACTIVE DUTY      DDS: 20
MCP Status: DISENROLLED

-----
FMP Family Member      DOB      ACV      Start      End      Status
-----
01 PARKER,STACEY       08 May 84      E      26 May 97    31 Jun 97    D
02 PARKER,JULIAN       17 Mar 91      E      26 May 97    31 Jun 97    D
20 PARKER,THOMAS G     07 Dec 61      A      26 May 97    31 Jun 97    D
-----

OK to CANCEL DISENROLLMENT for PARKER,STACEY? Yes//
Enrollment End Date: 31 JUN 97// 28 FEB 98
Reassign PCM: RUSSEL,THOMAS MD //
Do you wish to CANCEL the DISENROLLMENT? No// Yes

```

DISENROLLMENT CANCELLATION:

When the user cancels the disenrollment date of the latest enrollment record in CHCS, a new DEERS transaction will be transmitted. The system will default the enrollment end date previously used for that patient and the user will be required to enter a new current or future end enrollment date. **If no date change is made, the cancellation will not be processed.** The PCM previously assigned to the enrollment history will be defaulted and may be reassigned to the patient. If the PCM is inactivated, the user will be required to select a different PCM.

Following the processing of a disenrollment cancellation record, the MCP status will be updated to 'Enrolled'. The CP Enrollment Bulletin must run to confirm that DEERS accepted the cancellation. If DEERS confirmed the disenrollment cancellation, the MCP status will remain as 'Enrolled'. If DEERS rejects the disenrollment cancellation, the MCP status will be returned to 'Disenrolled'. **Rejected disenrollment**

cancellation records will be displayed on the Enrollment Disenrollment Discrepancy Report.

DEERS TRANSACTION for DISENROLLMENT CANCELLATION:

The following are new DEERS Discrepancy Codes which can potentially be transmitted to CHCS as a result of an invalid Disenrollment Cancellation:

A3 Invalid Cancel Disenrollment - Patient Not Disenrolled According to DEERS, the patient must be disenrolled to process a disenrollment cancellation. DEERS never received or has not processed a disenrollment transaction.

A4 Invalid Cancel Disenrollment - DMIS Does Not Match

The DMIS ID Code transmitted with the disenrollment cancellation does not match the DMIS ID Code that is stored in DEERS. A disenrollment cancellation may only be transmitted and processed by the enrolling division.

A5 Invalid Cancel Disenrollment - Start Date Does Not Match

The start date transmitted with the disenrollment cancellation does not match the start date recorded in DEERS. The start date must match to process the disenrollment cancellation.

REASSIGNMENT OF PCM:

Note that should a PCM's capacity be exceeded as a result of this process, a mail bulletin will be transmitted to both the PCM and MCP supervisor to notify them of this issue. (See example below)

Sample Screen #9 - Mailman Bulletin

Subj: PCM Capacity Exceeded Fri, 02 May 1997 15:04:42 7 Lines
From: POSTMASTER (Sender: PAWOLL,SALLY) in 'IN' basket. **NEW**

As result of disenrollment cancellation/correction processing, the following PCM has exceeded Maximum Overall Capacity / Enrollment Mix or the agreement has expired for the patient listed below. A manual correction is needed. The capacity or enrollment mix should be increased by one to correctly reflect the patient assigned to this PCM.

Provider Group: FAIRFIELD MEDICAL GROUP
PCM: RUSSEL,THOMAS MD
Agreement Type: NET - CIVILIAN NETWORK PROVIDER
Agreement Start/End: 01 Jan 95 - 21 Dec 98
Patient Name: PARKER,THOMAS G
FMP/SSN: 20/424-96-8396
Patient Type: ACTIVE DUTY

DISENROLLMENT DATE CORRECTION:

When the user corrects the disenrollment date of a latest enrollment record in CHCS, a transaction will be transmitted to DEERS if the site is in DEERS Enrollment mode. The system will allow the user to enter a corrected disenrollment date, which must be a past date (date prior to the current date). The system will not allow the user to enter a date prior to the enrollment start date. The system will store the original disenrollment date in the even that the new date is rejected. If this occurs, the system will 'reinstate' the original disenrollment date to the record to insure that CHCS and DEERS data match.

Following the processing of a disenrollment date correction, the MCP status will remain as 'Disenrolled'. Once the CP Enrollment Bulletin runs, the DEERS response will address the MCP status accordingly. For a failed disenrollment date correction, the original disenrollment date will be returned to the record. Rejected disenrollment date corrections records will be displayed on the Enrollment Disenrollment Discrepancy Report and will be based on receiving a discrepancy in the response.

DEERS TRANSACTION for DISENROLLMENT DATE CORRECTION:

The following DEERS Discrepancy Codes can potentially be transmitted to CHCS as a result of an invalid Disenrollment Date Correction:

47 Invalid Disenrollment Date Correction - Patient Not Disenrolled According to DEERS. The patient must be disenrolled to process a disenrollment date correction. DEERS never received or has not processed a disenrollment transaction.

99 Indicates a successful DEERS transaction.

- H. After the user processes a patient, the remaining selected family members will be displayed (See screen #10). Note that the system will move to the next selected patient and will prompt the user to continue with the same action. The user can choose not to process one of the previously selected records and the system will move to the next selected family member (See screen #11).

Sample Screen #10 - DISENROLLMENT CANCELLATION screen

```

                                DISENROLLMENT CANCELLATION
Patient: PARKER,THOMAS G          FMP/SSN: 20/424-96-8396
Patient Category: USAF ACTIVE DUTY      DDS: 20
MCP Status: DISENROLLED

-----
FMP Family Member      DOB      ACV      Start      End      Status
-----
02 PARKER,JULIAN      17 Mar 91      E      26 May 97      31 Jun 97      D
20 PARKER,THOMAS G      07 Dec 61      A      26 May 97      31 Jun 97      D
-----

OK to CANCEL DISENROLLMENT for PARKER,JULIAN? Yes// No

```

Sample Screen # 11 - DISENROLLMENT CANCELLATION screen

```

                                DISENROLLMENT CANCELLATION
Patient: PARKER,THOMAS G          FMP/SSN: 20/424-96-8396
Patient Category: USAF ACTIVE DUTY      DDS: 20
MCP Status: DISENROLLED

-----
FMP Family Member      DOB      ACV      Start      End      Status
-----
20 PARKER,THOMAS G      07 Dec 61      A      26 May 97      31 Jun 97      D
-----

OK to CANCEL DISENROLLMENT for PARKER,THOMAS G? Yes// Y
Enrollment End Date: 31 JUN 97// 15 FEB 98
Reassign PCM: RUSSEL,THOMAS MD // JONES,ROBERT MD
Do you wish to CANCEL the DISENROLLMENT? No// Yes

```

- I. When the user has processed all selected family members, the system will display the entire family with the current MCP status (See screen #11). If there are any remaining family members with the MCP status of 'Disenrolled', the system will allow the user to continue to process.

As with other enrollment transactions, the site must review the Enrollment/ Disenrollment Discrepancy Report to identify any enrollment related transaction (including

disenrollment cancellation or disenrollment date
correction) which may have been rejected by DEERS.

Sample Screen #12 - DISENROLLMENT CANCELLATION/CORRECTION

DISENROLLMENT CANCELLATION/CORRECTION
Patient: PARKER,THOMAS G FMP/SSN: 20/424-96-8396
Patient Category: USAF ACTIVE DUTY DDS: 20
MCP Status: DISENROLLED

FMP	Family Member	DOB	ACV	Start	End	Status
01	PARKER,STACEY	08 May 84	E	26 May 97	31 Jun 97	E
02	PARKER,JULIAN	17 Mar 91	E	26 May 97	31 Jun 97	D
03	PARKER,MORGAN A	01 Sep 92	E	01 Sep 95	31 Dec 98	E
20	PARKER,THOMAS G	07 Dec 61	A	26 May 97	31 Jun 97	E

Select (A)ll Family Members, (I)ndividual Family Members,
or (Q)uit: A//

J. As disenrollment cancellations/corrections are processed,
the system will check for pending appointments for each
family member (See screen 12). This check will be
processed any time a disenrollment is canceled or a
disenrollment date is corrected. The system will display
the following appointment related information if there
are pending appointments and prompt to print them.

Sample Screen #13 - DISPLAY PATIENT APPOINTMENTS screen

DISPLAY PATIENT APPOINTMENTS

FUTURE APPOINTMENTS FOR PARKER,THOMAS G 20/424-96-8396
CLINIC/DIV PROVIDER DATE/TIME TYPE STATUS
=====

INTERNAL MEDICINE	SMITH,TOM	14 Aug 97 0800	NEW	PENDING
-------------------	-----------	----------------	-----	---------

WAIT LIST REQUESTS FOR PARKER,THOMAS G 20/424-96-8396
CLINIC/DIV TYPE PRI DATE IN TARGET DATE PROVIDER
=====

NO WAIT LIST REQUESTS!

Do you want to print?

K. The successful processing of disenrollment cancellation
or correction will be considered as an update to the
enrollment record and will be reflected as such on the
Track User Report.

3.1.3 FILE AND TABLE CHANGES.

- A. A new mail Bulletin, **CP PCM CAPACITY EXCEEDED**, will be generated whenever the PCM Capacity is exceeded. It should be attached to an MCP Mgrs mail group.

3.1.4 IMPLEMENTATION ISSUES.

- A. The system will allow the you to perform a DEERS eligibility check prior to the disenrollment cancellation process. It is recommended that users perform an on-line eligibility check to verify enrollment information in DEERS prior to cancellation or correction of the disenrollment date.

Although an on-line eligibility check is recommended (to verify that the patient has not been re-enrolled), the system may also batch the eligibility check.

- B. Disenrollment cancellations/corrections may only be processed by users with access to the CHCS enrolling division associated with the patient's enrollment record.
- C. As with other enrollment related transactions, site personnel are still responsible for addressing discrepancies which may be a result of disenrollment cancellations or disenrollment corrections transmitted to DEERS. Discrepancies associated with these actions will be included in the ENROLLMENT DISENROLLMENT DISCREPANCY REPORT.
- D. A successful disenrollment cancellation or correction is considered an update to the enrollment record and is reflected as such on the Track User Report.
- E. Users performing disenrollment cancellations/corrections must be assigned the new security key, **CPZ DISENROLL CANCEL/CORRECT**.
- F. There are four new discrepancies that may appear on the Enrollment/ disenrollment report.

3.2 ENROLLMENT CANCELLATION REVISIONS.

3.2.1 OVERVIEW OF CHANGE.

This new menu option (ECAN) supports enrollment cancellation processing for the following enrollment statuses:

- A. A confirmed DEERS enrollment for a future date (Pending Enrollment).
- B. A confirmed current DEERS enrollment (Enrolled).
- C. A confirmed DEERS enrollment with an invalid disenrollment transaction (Invalid Disenrollment).
- D. An enrollment that was rejected by DEERS (Invalid Enrollment)

This new menu option will provide a more streamlined approach to enrollment cancellation by automatically setting the disenrollment reason to 'Enrollment Canceled' and updating the enrollment end date to equal the enrollment start date.

3.2.2 DETAIL OF CHANGE.

3.2.2.1 PROCESS NARRATIVE.

When the user selects the Enrollment Cancellation option, the system will display DEERS eligibility data from the last eligibility check or will automatically repeat the DEERS eligibility check if the last check was processed more than 5 days ago. The user may request a new eligibility transaction from DEERS.

If the selected patient has a current enrollment, a future pending enrollment, or an invalid disenrollment, the system will allow the user to cancel the enrollment. The user will be required to confirm the enrollment cancellation. Once the user confirms the cancellation, the system will update the patient's MCP Status based on the transaction response from DEERS. The MCP Status will change to 'Disenrolled' if a positive response is returned or to 'Invalid Disenrollment' if a negative discrepancy code is contained in the response.

A cancellation transaction will be transmitted to the DEERS system if the eligibility response confirms a successful enrollment in DEERS.

3.2.2.2 DETAILED WORKFLOW.

A. The new option 'Enrollment Cancellation' is selected from the following menu (See screen #1).

Menu Path: CA->PAS->Managed Care->EMCP->ECAN

Sample Screen #1 EMCP Menu

EENR	Enrollment Enter/Edit
ECAN	Enrollment Cancellation (new)
DENR	Disenrollment
DCAN	Disenrollment Cancellation/Correction
RENr	Reciprocal Disenrollment Processing
CENR	Conditional Enrollment Processing
PENR	Print/Display Enrollment History
IENR	Interactive DEERS Eligibility Request
OENR	Outputs & Enrollment Maintenance Reports Menu
BENR	Batch Enroll Active Duty
MENR	Multiple Batch Renewal and Disenrollment Functions

Select Enrollment Processing Menu Option: ECAN

B. Next select the MCP patient as in screen #2.

Sample Screen #2 - Patient Selection

Select PATIENT NAME: CLARK,KA	
1 CLARK,KAREN	30/453-82-7466 31 Jan 1950 F
2 CLARK,KATHY L	30/188-40-1205 06 Sep 1945 M

Choose 1-2:

C. The system will display current eligibility data if the last eligibility check was processed within the past five days (See screen #3). It will then automatically transmit an eligibility check if there is not a current eligibility check on file for the patient (Screen #4). This is not a forced eligibility check and the user may 'batch' the check if desired.

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08 July 1998

Sample Screen #3 - CURRENT DEERS ELIGIBILITY Screen

CURRENT DEERS ELIGIBILITY

Name: CLARK, KAREN	FMP/SSN: 30/453-82-7466
Patient Category: USA FAM MBR RET	DDS: 30
DOB/Age: 31 Jan 1950/47Y	Sex: FEMALE

Patient Name: CLARK, KAREN	DOB: 31 Jan 1950
DDS: 30	Sex: FEMALE
Sponsor Rank: MAJOR	Sponsor SSN: 453-82-7466
Sponsor UIC: RETSP-SPONSOR RETIRED	
DMIS ID: 7056-1ST AIR TRANSPORTABLE HOSPITAL	
ACV: E-MCP ENROLLED/DIR. CARE CHAMPUS ELIGIBLE	
ACV Start Date: 01 Oct 1996	Region Code: 02
Care Authorization PH#: 0000000000	PCM Location: CONTRACTOR PCM
Direct Care: ELIGIBLE	Medicare: NOT ELIGIBLE
Dir Care Elig State Dt: 15 Oct 1989	CHAMPUS: ELIGIBLE
Dir Care Elig End Dt: 10 Aug 1998	
Elig End Reason: P-ID Card Expiration	

BRAC Pharmacy Elig:
Override Code:
Date of Request: 08 Apr 1997@1001

Select to (V)iew more DEERS data, (P)rint, (R)epeat DEERS check, (C)ontinue,
or (Q)uit: C//

Sample Screen #4 - DEERS Processing Screen

CHCS-DEERS

Processing DEERS Request

Waiting To Process.

Press 'B' to batch this DEERS request, or
'Q' to quit and not process this DEERS request.

D. Current DEERS eligibility data will be displayed for the patient if the user requested a new eligibility check.

The system will then display the most current enrollment history data in CHCS and allow the user to begin the enrollment cancellation process (See screen #5). Note that the users may not edit data in the following screen and can only select one of the following actions:

(N)ew Patient:

Exit the cancellation process for the selected patient and to re-select a new patient.

(E)nrollment History:

View CHCS enrollment history for the selected patient.

(C)ancel Enrollment:
Process enrollment cancellation for the displayed
enrollment history.

The user will see the following screen if the CHCS MCP
status is 'invalid enrollment', 'enrolled', 'pending
enrollment', or 'invalid disenrollment'. The user will
see a the following text if the selected patient has the
status of 'disenrolled':

'The selected patient has been disenrolled. An
enrollment cancellation may not be processed for this
patient.'

Sample Screen # 5 - MCP ENROLLMENT screen

ENROLLMENT HISTORY: 01 Oct 1996 MCP Enrollment -- CONTINUATION

Name: CLARK,KAREN	FMP/SSN: 30/453-82-7466
Patient Category: USA FAM MBR RET	DDS: 30
Patient Type: MCP/CHAMPUS ELIGIBLE	Sex: FEMALE
MCP Status: ENROLLED	DOB/Age: 31 Jan 1950/47Y
Primary Care Manager: ROCH,CON	PCM Phone: 203-333-3333
Primary OHI: NOT ASSIGNED	Case Mgmt: NO
ACV: E-MCP ENROLLED/DIR. CARE CHA	
Direct Care: ELIGIBLE	Medicare: NOT ELIGIBLE

Enrolling Division: AIR FORCE OUTPATIENT DIV

Patient Type: MCP/CHAMPUS ELIGIBLE

MCP Enroll Date: 01 Oct 1996

End Enroll Date: 31 May 1997

Enrollment Comment:

Select (N)ew Patient, (E)nrollment History, (C)ancel Enrollment or (Q)uit: Q//C

E. If the user selects the (C)ancel Enrollment action, the
system will require the user to confirm the enrollment
cancellation. The user must confirm the cancellation
action to continue (See screen #6

Sample Screen # 6 - VERIFY CANCELLATION screen

VERIFY CANCELLATION

Name: CLARK,KAREN FMP/SSN: 30/453-82-7466
MCP Status: ENROLLED DOB/Age: 31 Jan 1950/47
DMIS ID: 7056-1 ST AIR TRANSPORTABLE HOSPITAL
ACV: E-MCP ENROLLED/DIR. CARE CHA
PCM: ROCH,CON PCM Phone: 203-333-3333
MCP Enroll Date: 01 Oct 1996
End Enroll Date: 31 May 1997

Do you want to cancel this enrollment for this patient? No//

F. The user must override the default of 'No' to continue the enrollment cancellation processes. CHCS will transmit an on-line enrollment cancellation transaction to DEERS if the site is operating in **DEERS Enrollment mode** and the MCP status is Pending Enrollment, Enrolled, Invalid Disenrolled. For patients with the MCP Status of Invalid Enrollment, an enrollment cancellation will not be transmitted to DEERS because the initial enrollment was never validated or confirmed by DEERS. Invalid Enrollments may still be processed via this option but will only be canceled within CHCS since DEERS has not recognized the enrollment.

For sites operating in **Local Empanelment mode**, enrollment cancellation transactions will be transmitted only for active duty enrollees (ACV=A).

Once the enrollment cancellation is confirmed by the user, the system will automatically set the enrollment end date equal to the enrollment start date and the disenrollment reason will be set to 'Enrollment Cancellation'. The user will not be able to edit these end date or disenrollment reason.

The successful processing of an enrollment cancellation is considered an update to the enrollment record and will be reflected as such on the Track User Report.

G. The Print/Display Enrollment History option will display the canceled enrollment as such (See screen #7). Note that the canceled enrollment history will be re-use if there is another enrollment segment added to this record in CHCS and there will no longer be any reference to the cancellation.

Sample Screen #7 - ENROLLMENT HISTORY screen

ENROLLMENT HISTORY

Patient:	CLARK, KAREN	FMP/SSN:	30/453-82-7466
Patient Category:	USAF FAM MBR RET	DDS:	30
Patient Type:	MCP/CHAMPUS ELIGIBLE	Sex:	FEMALE
MCP Status:	DISENROLLED	DOB/AGE:	31 Jan 1950/47Y

Enroll Date	Disenroll Date	Disenrollment Reason
01 Oct 96	01 Oct 96	ENROLLMENT CANCELLED
01 Jan 96	30 Apr 96	MOVING (OTHER)

Select (D)isplay/Print Enrollment History, or (Q)uit: D//

3.2.3 FILE AND TABLE CHANGES.

- A. No File and Table changes needed.

3.2.4 IMPLEMENTATION ISSUES.

- A. The capability to cancel enrollments via all other MCP options (e.g., Batch Disenrollment) will be removed.
- B. This new option will support enrollment cancellation for an individual patient. Enrollment cancellation may not be processed for an entire family.
- C. CHCS will allow the user to perform a DEERS eligibility check prior to the enrollment cancellation process. It is recommended that users perform an on-line eligibility check to verify eligibility and enrollment information on DEERS prior to cancellation. This process allows the user to correct errors in sponsor information within CHCS, which could result in an invalid enrollment cancellation (MCP status of Invalid Disenrollment).

Although an on-line eligibility check is recommended, the system will support the capability to batch the eligibility check.

- D. A DEERS Enrollment Cancellation transaction will be transmitted if the site is operating in DEERS Enrollment Mode. Invalid enrollments will not transmit a transaction to DEERS because this status indicates that DEERS rejected the enrollment.
- E. Site personnel are responsible for addressing enrollment cancellation discrepancies which may return a discrepancy response from DEERS.
- F. Enrollment Cancellation will be allowed only for those CHCS patients that have a future or current enrollment record in CHCS. Their MCP Status will be:
 - 1. MCP Status = PENDING ENROLLMENT
 - 2. MCP Status = ENROLLED
 - 3. MCP Status = INVALID ENROLLMENT
 - 4. MCP Status = INVALID DISENROLLMENT
- G. Canceled enrollments will be automatically set with the enrollment end date equal to the enrollment start date. The disenrollment reason will be automatically set to 'Enrollment Canceled'. Users cannot edit these values.
- H. The MCP Status of 'Disenrolled' (D) will be assigned to enrollment records which have been successfully canceled.
- I. An enrollment history record which has been canceled in CHCS will be reused if the patient is re-enrolled at the MTF. Note that enrollment cancellation history segments are deleted in DEERS.
- J. If using regular disenrollment (DENR) and the action bar option (I)ndividual, you receive the message to use ECAN. If using the action bar item (A)ll, no transaction is sent and no change occurs.

3.3 REVISE ENROLLMENT DISCREPANCY PROCESSING.

3.3.1 OVERVIEW OF CHANGE.

Several enhancement are contained in this change. New enrollments will now be updated as soon as a DEERS response is received by CHCS. The DEERS FAMILY MEMBER and the DEERS DISCREPANCY screens have several changes. Enrollment discrepancy codes will be stored in CHCS and the Enrollment/Disenrollment Discrepancy report may be printed on demand, by Division, and sorted in different ways. The TaskMan option CP ENROLLMENT Option will now run automatically & will be retasked whenever CHCS goes down. One new report is added and several other have been modified to report the same MCP status to correspond to DEERS information.

3.3.2 DETAIL OF CHANGE.

3.3.2.1 DISPLAY DATA INCONSISTENCIES BETWEEN CHCS/DEERS.

The FAMILY MEMBER SCREEN and DEERS DISCREPANCY screen have several new changes.

Menu Path: Managed Care -> EMCP ->EENR

- A. When the user selects the 'Enrollment Enter/Edit' option, the system prompts the user to enter a new patient or selects an existing patient to enroll (See screen #1).

Sample Screen #1 - Patient selection

```
Select PATIENT NAME: GRILLO
  1  GRILLO,JOHN D                20/449-63-7755 01 Jun 1965 M FO2
  2  GRILLO,NEWBORN              05/449-63-7755 18 Jun 1997 M
  3  GRILLO,THERESA              01/449-63-7755 05 May 1991 F
Choose 1-3: 3  GRILLO,THERESA
SPONSOR NAME: GRILLO,JOHN D//
```

The system then automatically processes a DEERS eligibility check. The DEERS interface returns a 'family member' response if a patient match is found on the DEERS database (using the Sponsor SSN).

The eligibility response contains data which can be used by a CHCS user to correct CHCS data prior to the enrollment process. The system currently displays discrepant demographic data between CHCS and DEERS. If some of these demographic data elements are discrepant (e.g. sponsor status), the DEERS system may not accept the enrollment. This would result in an avoidable enrollment processing discrepancy.

- B. In the screens below, the patient's date of birth of 5 May 1991 (see header in screen #2) is different than the data returned by DEERS of 4 May 1991. The system indicates the discrepancy and allows the user to correct this information in CHCS during the enrollment process (see screen #3).

Sample Screen #2 - FAMILY MEMBER screen

```

                                FAMILY MEMBER SCREEN
Patient Name: GRILLO,THERESA          FMP/SSN: 01/449-63-7755
      DOB: 05 May 1991
Sponsor Name: GRILLO,JOHN D          Sponsor SSN: 449-63-7755
Elig Start Date: 09 Aug 1989        Elig End Date: INDEFINITE
-----
Name                Sex      DOB      DDS  ACV  Dir  Med  DMIS ID
-----
GRILLO,JOHN D       M       01 Jun 1965  20   A    E    N    0103
GRILLO,THERESA      F       04 May 1991   1   C    E    N
GRILLO,JOHN         M       06 Nov 1993   2   E    E    N    7056
GRILLO,THERESA      F       02 Nov 1964  30   E    E    N    7056
-----
DOB Does NOT Match -----
Use SELECT key to select the family member you are enrolling
or Press <RETURN> to enter an override code

```

Sample Screen #3 - FAMILY MEMBER screen

```

                                FAMILY MEMBER SCREEN
Patient Name: GRILLO,THERESA          FMP/SSN: 01/449-63-7755
      DOB: 05 May 1991
Sponsor Name: GRILLO,JOHN D          Sponsor SSN: 449-63-7755
Elig Start Date: 09 Aug 1989        Elig End Date: INDEFINITE
-----
Name                Sex      DOB      DDS  ACV  Dir  Med  DMIS ID
-----
GRILLO,JOHN D       M       01 Jun 1965  20   A    E    N    0103
* GRILLO,THERESA    F       04 May 1991   1   C    E    N
GRILLO,JOHN         M       06 Nov 1993   2   E    E    N    7056
GRILLO,THERESA      F       02 Nov 1964  30   E    E    N    7056
-----
DOB Does NOT Match -----
Do you want to accept the DEERS DOB for GRILLO,THERESA?

```

- C. As part of this enhancement, the CHCS/DEERS Discrepancy screen will display additional data elements which can be used to easily compare data between the two systems. If a discrepancy in the date of birth exists, the existing text will be displayed and can be updated only in the 'discrepancy screen'.

As you will note below, the ACV start and ACV end date associated with the current enrollment episode will be added to the display screen (see screen #4). This data is currently included in a family eligibility response but is not displayed to the user.

Sample Screen #4 - FAMILY MEMBER screen

```

                                FAMILY MEMBER SCREEN
Patient Name: GRILLO,THERESA      FMP/SSN: 01/449-63-7755
      DOB: 05 May 1991
Sponsor Name: GRILLO,JOHN D      Sponsor SSN: 449-63-7755
Elig Start Date: 09 Aug 1989      Elig End Date: INDEFINITE
-----
Name           Sex    DOB      DDS ACV Dir Med  DMIS  ACV Start/End
-----
GRILLO,JOHN D   M    01Jun1965  20   A   E   N    0103  01Jun95-INDEF
* GRILLO,THERESA F    04May1991   1   C   E   N
GRILLO,JOHN     M    06Nov1993   2   E   E   N    7056  01Jan97-31Dec97
GRILLO,THERESA  F    02Nov1964  30   E   E   N    7056  01Jan97-31Dec97
-----
                                DOB Does NOT Match -----
Use SELECT key to select the family member you are enrolling
or Press <RETURN> to enter an override code

```

- D. Below is the enhanced 'discrepancy screen' which will display the data element returned to CHCS in an eligibility response. Data elements that are considered a discrepancy will be highlighted. The user will have the option to correct this data but will not be required to make a correction to continue.

The following enhancements have been made to the CHCS/DEERS Discrepancy screen:

Patient DOB may be edited from this screen.

Blank line added to separate patient and sponsor related data.

CHCS Patient Category code and category have been added. **If this field requires update, the user must select from the existing CHCS Patient Category file.**

The user may update the CHCS patient category under the following conditions:

The patient is not an inpatient.

DEERS returns the status of 'A' (Active Duty) or 'B' (Return to Active Duty) and the current CHCS patient category has the status of any value except ACTIVE DUTY.

DEERS returns the status of 'R' (Retired) and the current CHCS patient category has the status of any value except RETIRED.

DEERS returns the status of 'P' (TAMP) and the current CHCS patient category has the status of any value except OTHER or a patient category code of *24 or *25.

CHCS UIC Code and text merged into one line.

ID related fields removed from discrepancy screen.

Sample Screen #6 - CHCS/DEERS DISCREPNACY DATA screen

CHCS/DEERS DISCREPNACY DATA			
Name:	GRILLO,THERESA	FMP/SSN:	01/449-63-7755
Patient Category:	USA FAM MBR AD	DDS:	1
MCP Status:		DOB/Age:	04 May 1991/06Y
ACV:		DMIS ID:	
Direct Care:	ELIGIBLE	Medicare:	NOT ELIGIBLE

CHCS Data		DEERS Data	

Patient Name	: GRILLO,THERESA	GRILLO,THERESA M	
DOB	: 05 May 1991	04 May 1991	
Sex	: FEMALE	FEMALE	
SSN	: 810-97-0415		
Sponsor Rank		CAPTAIN	
Patcat/Status	: A31-RETIRED	ACTIVE DUTY (New)	
Station/Unit	: FF58B-1912 COMPUTER SYSTEMS	FF58B	

Select (U)pdate CHCS, (P)rint Discrepancies, (C)ontinue, or (Q)uit: U//			

3.3.2.2 STORE ENROLLMENT DISCREPANCY CODE WITH ENROLLMENT RECORD.

Three new fields have been added to the Enrollment History of the MCP Patient file to store that last DEERS enrollment discrepancy code received from an enrollment related transaction. The date/time the transaction was sent as well as the discrepancy code will also be stored. Not all enrollment transactions result in a 'negative' discrepancy code; however, the storage of this information will allow the user to generate a report on demand of all enrollment records which currently have a discrepancy on file. Discrepancies generated previous to the load or resulting from this conversion will not contain this data. Subsequent discrepant transactions will be stored in the MCP Patient file and may be seen through the menu option **PENR** when the enrollment history is displayed.

These are the new fields which will be added to the file to store the discrepancy code and the date/time. The fields will be updated based on the most recent discrepancy received.

DATE DEERS DISCREPANCY CODE	8552.05,21	POINTER to DEERS DISCREPANCY CODES File (#8900.5)
DEERS TRANS DATE	8552.05,22	DATE/TIME DEERS response receive
DEERS TRANS TYPE	8552.05,23	

3.3.2.3 AUTOMATIC RUNNING OF THE CP ENROLLMENT BULLETIN.

Menu Path: EVE ->TM ->STT

Currently, the 'Schedule/Unschedule TaskMan Tasks' option allows authorized users (holders of the ZTMSCHEDULE security key) to generate reports or to run routines such as the CP ENROLLMENT BULLETIN at a predefined date/time and for specific frequency. It is through this option in which a site defines various MCP related task jobs.

The software will be enhanced to force the CP ENROLLMENT BULLETIN to run every day at 0200 through TaskMan. This TaskMan job will be hard coded and will run at the same time at all CHCS sites, regardless of the current enrollment mode. This time was selected because other system intensive task jobs are normally scheduled to start at 2100 hours and responses from those jobs could update the MCP status shortly after the job has been completed.

The system will track when the CP ENROLLMENT BULLETIN has run via TaskMan. In the event that TaskMan has been brought down at a CHCS environment, this enhanced routine will determine the last successful run of the CP ENROLLMENT BULLETIN and will automatically check that the CP ENROLLMENT BULLETIN is retasked.

If there is no existing TaskMan task, one will be created. In both scenarios, a mail bulletin (see screen #7) will be transmitted to members of the designated MCP mailgroup to notify the site that TaskMan was down that and an existing task exists or that a new task was created.

***Note:** The ability to schedule the CP ENROLLMENT BULLETIN option will be placed under access control and only the Site Manager will have access to reschedule the task (if necessary) through the 'Schedule/Unschedule TaskMan Tasks' option.

Bulletin name: **CP ENR BULL TASK JOB**

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08 July 1998

Sample Screen # 7 - Mailman bulletin

Subj: CP ENROLLMENT BULLETIN TASK JOB
Wed, 07 Jul 1997 04:08:12 11 Lines
From: POSTMASTER (Sender: DO,LAN) in 'IN' basket. **NEW**
----- Expires: 09 Aug 1997 -----

The CP ENROLLMENT BULLETIN Taskman process was last run on 06 Jul 1997@0230. This process has not run since that date due to Taskman being down. Taskman was restarted and the CP ENROLLMENT BULLETIN the task job (#12343) has been scheduled to run on 08 Jul 1997@02:00. This process will address enrollment activity since 06 Jul 1997@0230.

Please monitor the processing of this task through the Site Manager to verify that the task ran to completion.

Select MESSAGE Action: IGNORE (in IN basket)//

In the event that the CP ENROLLMENT BULLETIN does not run to completion due a system error (e.g. bad data), the bulletin below (see screen #8) will be transmitted to those in the appropriate MCP mail group.

Bulletin Name: **CP ENR BULL TASK ABORT**

Sample Screen # 8 - Mailman bulletin

Subj: CP ENROLLMENT BULLETIN ABORTED
Wed, 09 Jul 1997 04:08:12 11 Lines
From: POSTMASTER (Sender: DO,LAN) in 'IN' basket. **NEW**
----- Expires: 09 Aug 1997 -----

The CP ENROLLMENT BULLETIN did not run to completion due to a system error and has aborted.

Please notify your Site Manager to investigate and to report this issue to the Support Center. This issue will impact the processing of expired enrollments, pending enrollments, and enrollments within the grace period.

Select MESSAGE Action: IGNORE (in IN basket)//

****CP ENROLLMENT BULLETIN MODIFICATIONS****

As a result of the enhancements incorporated in the Enrollment Based Capitation release, the CP ENROLLMENT BULLETIN will be modified to handle the following scenarios:

Check for expiring enrollments and transmit disenrollment transactions when appropriate.

Check for expiring 'grace period' enrollees and transmit disenrollment transactions when appropriate.

Transmit AD eligibility checks on a monthly/annual basis

Check eligibility and/or enrollment start date of 'pending enrollments' and update MCP Status accordingly.

***-The CP ENROLLMENT BULLETIN will NO LONGER update MCP Status nightly as previously done.** (Refer to section 3.3.2.5 which outlines the enhancement to immediately update a patient's MCP status based on an enrollment response.)

The Mail Bulletin, CP INVALID ENROLLMENT, is deleted with this conversion.

3.3.2.4 UPDATE MCP STATUS BASED UPON SUCCESSFUL DEERS ENROLLMENT RESPONSE.

To bring CHCS enrollment processing in line with DEERS enrollment processing, CHCS will display the patient's status differently immediately after an enrollment or disenrollment transaction until a response is received from DEERS. The system will then update the MCP status at the time the response is returned from DEERS. You will no longer need to wait for the CP ENROLLMENT BULLETIN to run to update the MCP status at night based on the DEERS enrollment response.

- A. **ENROLLMENT TRANSACTIONS** - CHCS will default the MCP Status of 'PENDING ENROLLMENT' until DEERS returns a confirmation for the enrollment transaction. When a response is returned from DEERS, CHCS will update the MCP status to either:
 - 1. 'ENROLLED' - A positive response (positive DEERS discrepancy code) received from DEERS.
 - 2. 'INVALID ENROLLMENT' - A negative DEERS response (discrepancy) received from DEERS.
- B. **DISENROLLMENT TRANSACTION** - CHCS WILL default the MCP Status to 'DISENROLLED' until DEERS returns the disenrollment transaction. When a response is returned from DEERS, CHCS will update the MCP status to:
 - 1. 'DISENROLLED' - A successful response received from DEERS.
 - 2. 'ENROLLED' - Disenrollments with a future disenrollment date will remain with an 'Enrolled' status.
 - 3. 'INVALID DISENROLLMENT' - A negative DEERS response (discrepancy) will keep the MCP status as 'Invalid Disenrollment'.

This enhancement changes how DEERS enrollment transactions are handled. Currently, CHCS determines the default MCP Status of enrollment transactions to 'Enrolled' if the enrollment start date is current or a past date. Similarly, the disenrollment status immediately updated to 'Disenrolled' if the disenrollment date is in the past. Both of these statuses implied that DEERS has confirmed the transaction and results in user confusion if the status is later changed to an 'invalid' status. This no longer is true and enrollment/disenrollment transactions will be processed as noted in sections A and B above.

3.3.2.5 MODIFY ENROLLMENT REPORTS.

Existing CHCS enrollment related reports count and/or display records based on their current enrollment status. Reports currently include enrollees with the MCP Statuses of 'Conditional Enrollment', 'Pending Enrolled', 'Enrolled', 'Invalid Enrollment' and excludes 'Invalid Disenrolled' and 'Disenrolled'. These reports may only be generated for the current date.

The following two enrollment reports, **PATIENT CATEGORY ENROLLMENT SUMMARY** and **ENROLLMENT ROSTER for ACTIVE DUTY FAMILY MEMBERS by UNIT**, will be modified to report and count only those records with the following enrollment statuses:

**Conditional Enrollment
Enrolled**

**Pending Enrolled
Invalid Disenrolled**

*Note: The MCP Status of 'Invalid Disenrolled' will now be **included** and that 'Invalid Enrollment' will be **excluded** in these counts.

A. PATIENT CATEGORY ENROLLMENT SUMMARY (screen #9)

Menu Path: PAS -> M ->OMCP ->ERME-> SUMM ->4

Sample Screen #9 - PATIENT CATEGORY ENROLLMENT SUMMARY Report

TRICARE SERVICE AREA (PORTSMOUTH) 04 Aug 1997@1249 Page 1
PATIENT CATEGORY ENROLLMENT SUMMARY
**** ENROLLEE TOTALS By PATIENT CATEGORY ****

Division: A DIVISION (OK)

=====

Patient Category	Enrollee Total
------------------	----------------

=====

Active Duty

A11	USA ACTIVE DUTY ENLISTED	13
F11	USAF ACTIVE DUTY	5
N11	USN ACTIVE DUTY	11

Active Duty Total: 29

Fam Mbr Of Active Duty

A41	USA FAM MBR AD	2
F41	USAF FAM MBR AD	1
N41	USN FAM MBR AD	1

Fam Mbr Of Active Duty Total: 4

Retired

F31	USAF RET LOS ENLISTED	1
-----	-----------------------	---

Retired Total: 1

Other

N25	USN FAM MBR FAD-TRANS ASSIST	1
-----	------------------------------	---

Other Total: 1

Division Total: 35

B. ENROLLMENT ROSTER FOR ACTIVE DUTY FAMILY MEMBERS BY UNIT

Menu Path: PAS -> M ->OMCP ->ERME ->ROST ->1

Sample Screen #10 - ENROLLMENT ROSTER FOR ACTIVE DUTY FAMILY MEMBERS BY UNIT

TRICARE SERVICE AREA (PORTSMOUTH) 04 Aug 1997@1254 Page 1
Personal Data - Privacy Act 1974 (PL-93-579)
ENROLLMENT ROSTER for ACTIVE DUTY FAMILY MEMBERS by UNIT

Division: MCP DIVISION
Unit: 1912 COMPUTER SYSTEMS GP

Sponsor/ Family Members	Sponsor FMP/SSN/Rank	FMP	DDS	DOB	Enrolled Date
=====					
COOK,JOHN F	20/196-42-5116/GEN				

COOK,NEWBORN		06	20	03 Jan 1945	01 Jul 1997
DYCHE,MARK S	20/219-84-5506/SSG				

DYCHE,HANNAH		01		16 Nov 1993	01 Jul 1997
GRILLO,JOHN D	20/449-63-7755/1LT				

GRILLO,NEWBORN		05	1	04 May 1991	18 Jun 1997

Family Member Total: 1

Family Member Total:

Family Member Total:

Unit Total:

3.3.2.6 UPDATE ACV & DMIS ID FOR SUCCESSFUL ENROLLMENT RESPONSES.

HISTORY:

Prior to this enhancement, DEERS eligibility and enrollment data (based on an eligibility response) was stored in the Patient file (#2). Specifically, the ACV value and enrolling division DMIS ID were stored if the current enrollment segment was contained in the eligibility response. An ACV value was also stored in the MCP Patient file which was projected based on multiple data elements (patient category, CHAMPUS/MEDICARE eligibility, etc.).

Because an eligibility request was made prior to enrollment processing, the input screens did not display the ACV following a confirmed enrollment transaction. An additional eligibility check was necessary to update the ACV and DMIS ID in the Patient file after each enrollment transaction.

ENHANCEMENT:

Now CHCS will utilize a successful enrollment or disenrollment response to update the ACV and DMIS ID.

In addition to the ACV and DMIS ID which is contained in successful enrollment related responses, the ACV START DATE, ACV END DATE, and PCM LOCATION CODE will also be updated based on data contained in the MCP Patient file.

A. Enrollment related transaction(AQC40-AQC48)

Upon confirmation, the following DEERS fields in the Patient file (#2) will be updated. Note that this is based on a response received in the **DEERS MCP Enrollment Response file (8909.1)**:

FIELD:	DATA SOURCE:
ACV	Response
DMIS ID	Response
ACV START DATE	MCP Patient File
ACV END DATE	MCP Patient File (Disenrollment transaction only)
PCM LOCATION CODE	MCP Patient File

B. Reciprocal disenrollment transaction (AQC5J)

Upon confirmation, the following DEERS fields in the Patient file will be updated. These responses are stored in the **DEERS MCP Reciprocal Disenrollment Response file (8909.6)**:

FIELD:	DATA SOURCE:
ACV	Response
DMIS ID	Response (DMIS ID of gaining site)
ACV START DATE	MCP Patient File
ACV END DATE	Response (Disenrollment Date)
PCM LOCATION CODE	MCP Patient File

* Note - The DEERS Eligibility date will not be updated when enrollment values are modified as a result of this enhancement. The DEERS Eligibility date field will remain as implemented, and will continue to reflect the date in which the user requested a complete DEERS eligibility check.

* Note - The Patient file (#2) will be the repository for these values.

3.3.2.7 UPDATE DESCRIPTIONS OF ALTERNATE CARE VALUE (ACV).

As part of the conversion, the file, MCP ALTERNATE CARE VALUE (ACV)(#8563) will be updated with entries added or changed and others inactivated.

- A. The description of the following Alternate Care Value entries will be modified:

CODE: PREVIOUS DESCRIPTION:	NEW DESCRIPTION:
A = ACTIVE DUTY/MCP ENROLLED	TRICARE PRIME (ACTIVE DUTY)
B = CHAMPVA ELIGIBLE	CHAMPVA (OCONUS)
C = CHAMPUS/DIRECT CARE ELIG	CHAMPUS
D = MCP ENROLLED/CHAMPUS INELIG	MEDICARE DEMONSTRATION
E = MCP ENROLLED/DIR CARE CHAMPUS ELIG	TRICARE PRIME (CHAMPUS)
K = LUKE AFB/WILLIAMS AFB CAM	CATCHMEN AREA MGT
N = NOT ENROLLED/CHAMPUS INELIG	DIRECT CARE ONLY
S =	CHCBP - CONT HLTH CARE BEN PROG
U = ENROLLED IN USTF MANAGED CARE	USTF - UNIF SERV TREAT FACIL
V =	CHAMPVA (CONUS)

*Note - All historical, current, and future enrollments will reflect this new description.

- B. The following two entries will be added to the standard file. These entries will not be used within CHCS enrollment functionality because they represent other non TRICARE related programs. However, they may appear when processing an eligibility request for a patient.

CODE: PREVIOUS DESCRIPTION:	NEW DESCRIPTION:
S =	CHCBP - CONT HLTH CARE BEN PROG
V =	CHAMPVA (CONUS)

- C. The following entries are no longer valid plan types within DEERS and will be permanently inactivated from standard ACV file. Inactivation of these entries will prevent the display or use of these values for future enrollments. Historical enrollment records may continue to display the values.

F = NON CHAMPUS
G = FORT SILL CAM
H = FORT CARSON CAM
I = CHARLESTON NAVAL HOSP MCP
J = BERGSTROM AFB CAM
L = PREFERRED/ACTIVE DUTY
M = OTHER AND CHAMPVA
O = ENROLLMENT INELIGIBLE
P = ENROLLED IN CHAMPUS PRIME
W = USTF MANAGED CARE 2

3.3.2.8 ENHANCE DEERS INTERACTIVE ELIGIBILITY DATA DISPLAY.

Menu Path: PAS -> Managed Care -> EMCP -> IENR

The existing option to check DEERS eligibility data (IENR) will be enhanced to display additional information. Previously, a user could define the date or date range to check eligibility and enrollment data. If not defined, CHCS would automatically default the start date of Jan 1 of two year prior to the current date and the end date of 6 months into the future. These default dates, however, were not displayed to the user. This has been reported as being confusing because the user is unaware of the date range used to check eligibility data.

The system will now utilize the same default date logic but the **dates will be displayed to the user (low lighted display) but may be modified** (see screen #11) Help text will be added to these fields to indicate how the default start/end date was determined and that notify the user that the dates may be modified.

Sample Screen #11 - DEERS INTERACTIVE REQUEST screen

DEERS INTERACTIVE REQUEST

Patient Name: ALSTON,BENJAMIN
Date of Birth: 30 Jul 1955
Sponsor SSN: 225900535
Family Member Prefix: 20
Eligibility Start Date: 01 Jan 1995
Eligibility End Date: 27 Jan 1998

When requesting information for a sponsor, enter 99 for the family member prefix to return all of the family members.

Ask for Help = HELP Screen Exit = F10 File/Exit = DO

...FILING...

The enrollment segment screen will also be enhanced to display the DMIS ID associated with an enrollment segment (see screen #12). This data is contained within a DEERS eligibility response, however, the information is not displayed to the user.

SAIC D/SIDDOMS Doc. DS-IM98-6009
08 July 1998

Sample Screen #12 - HISTORICAL DEERS ELIGIBILITY DATA

HISTORICAL DEERS ELIGIBILITY DATA					
Name: ALSTON, BENJAMIN		FMP/SSN: 20/225-90-0535			
Patient Category: USAF ACTIVE DUTY		DDS: 20			
DOB/Age: 30 Jul 1955/41Y		Sex: MALE			
Period	Direct Care	CHAMPUS	Medicare	ACV	DMIS ID

Date of Request: 27 Jul 1997@124859					
01 Jan 95	ELIGIBLE	NOT ELIGIBLE	NOT ELIGIBLE	N	
19 Jul 97					
20 Jul 97	ELIGIBLE	NOT ELIGIBLE	NOT ELIGIBLE	A	0042
27 Jan 98					

Use the PrevScreen and NextScreen to view more data or
Press <RETURN> to continue

3.3.3 FILE AND TABLE CHANGES.

A. NEW MAIL BULLETINS TO ATTACH TO MCP MAIL GROUP:

1. CP ENR BULL TASK ABORT
2. CP ENR BULL TASK JOB

3.3.4 IMPLEMENTATION ISSUES.

- A. Determine which mail group should be recipients of the new mail bulletins. These new mail bulletins are the only indications MCP users have that the CP ENROLLMENT BULLETIN did not run. (Recommend MCP Supervisors and Systems personnel)
- B. Enrollment clerks & supervisors should be aware of DEERS data & discrepancy screen changes:
1. FAMILY MEMBER SCREEN
 2. CHCS/DEERS DISCREPANCY DATA
 3. DEERS INTERACTIVE REQUEST
- C. Enrollment Reports will now count similar MCP status that should correspond to DEERS data.

D. Changes to existing files affecting MCP & ad hocs

1. Enrollment/Disenrollment discrepancies will be part of the patient file.
2. ACVs have new descriptions, some have been inactivated and 2 others may now be seen.

3.4 ENROLLMENT/DISENROLLMENT DISCREPANCY PROCESS.

3.4.1 OVERVIEW OF ENROLLMENT/DISENROLLMENT DISCREPANCY PROCESS.

The ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT may now be produced on request, sorted as desired by user in several different methods to report all enrollees whose current enrollment has an MCP status of Invalid Enrollment or Invalid Disenrollment. The discrepancies will be displayed in the report by code number and description. To generate data for the report, the system shall allow the user to either define a date range for the enrollment start date, a date range for the enrollment transactions, or to print a list of all patients who have an existing enrollment discrepancy. The primary sort of data for this report shall be by Division name. In addition, CHCS will allow the user to select any of set of values to sort the report data: ACV, MCP Status, Discrepancy Code, Alpha Order, Unit, Beneficiary Category type. CHCS will display totals of the number of discrepancies for both ACV and MCP status on the Enrollment/Disenrollment Discrepancy Report. The Report shall also include the date the enrollment was entered and the last date the record was modified.

3.4.2 DETAIL OF CHANGE.

3.4.2.1 NARRATIVE OVERVIEW.

In version 4.6, users will be able to generate the Enrollment/Disenrollment Discrepancy Report using enrolling division as the primary sort. The user may then choose ACV, MCP status, discrepancy code, alpha order, unit, or beneficiary category type as a secondary sort. The user may also select one of two options: a date range to reflect either the Enrollment Start Date or the Enrollment Transaction Date or, they may choose to list all enrollments/disenrollments with existing discrepancies. The date the enrollment was entered and the date the enrollment was last modified will appear on the report. Total number of discrepancies within each division selected for both MCP status and ACV will be included in the report.

3.4.2.2 DETAILED WORKFLOW.

- A. Only the following Discrepancy Codes, valid for patients with an MCP Status of Invalid Enrollment or Invalid Disenrollment, will appear on the picklist:

00 More Reciprocal Disenrollment Data to Receive
01 SSN Not Found in DEERS Data Base - Verify SSN
03 DEERS Files Closed
06 Invalid Disenrollment Flag
09 Invalid PCM Contractor Code
10 Invalid Transaction Type
11 Invalid MTF Site Code
12 Invalid Sponsor SSN
13 Invalid Patient DOB
14 Invalid Family Sequence Number
15 Invalid Patient FMP
16 Invalid DDS
17 Invalid UCA
35 Invalid Cancel - Start And End Dates Not Equal
37 Invalid Cancel - DMIS Does Not Match
38 Invalid Enrollment Date Change - Patient Not Enrolled
39 Invalid Enrollment - Not Eligible For Plan
40 Invalid Enrollment - Plan Type Not A, D, or E
41 Invalid Cancel - Canceling DMIS Does Not Match
42 Invalid DMIS Does Not Match
43 Invalid Enrollment Date Change - Patient Not Enrolled
44 Invalid Disenrollment - Invalid Plan Type
45 Invalid Disenrollment - DMIS does Not Match
46 Invalid Enrollment - Start Date Prior to October 1 1992
47 Invalid Disenrollment Date Change- Patient Not Currently Enrolled
48 Invalid Update - Not Currently Enrolled
49 Invalid Update - Not Eligible
50 Invalid Site ID
51 Invalid Site - Not CCP Site
53 Invalid Disenrollment Date
54 Invalid Disenrollment - Patient already disenrolled
55 Invalid Site For Enrollment
56 Invalid Enrollment - Patient already enrolled
57 Invalid Enrollment Eligible Code
58 Invalid Enrollment - Patient Not Eligible For CCP
59 Invalid DOB/DDS
60 Invalid DMIS Number
77 Terminal ID Required
A2 Successful Reciprocal Disenrollment; Invalid
A3 Invalid Cancel Disenrollment - Patient Not Disenrolled
A4 Invalid Cancel Disenrollment - DMIS Does Not Match
A5 Invalid Cancel Disenrollment - Start date Does Not Match
AA No More Reciprocal Disenrollment Data To Receive
ZZ External DEERS Database Experienced A System

- B. Workflow to generate the ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT.

**Menu Paths: PAS > M > OMCP > DEMR >
2 Enrollment/Disenrollment Discrepancy Report**

**PAS > M > EMCP > OENR > DRPM >
2 Enrollment/Disenrollment Discrepancy Report**

1. At the action bar the user is prompted to **select (O)ne, (M)ultiple, (A)ll Divisions or (Q)uit.**

(O)ne. If (O)ne division is selected, the user is prompted to enter the division name. The name will display at the Division field (refer to screen #1).

(M)ultiple. If the user selects (M)ultiple divisions, a picklist of all allowable divisions which the user may choose displays. After selecting the divisions, the number of divisions selected displays at the Division field.

(A)ll. If the user chooses (A)ll, "ALL" displays at the Division field.

Sample Screen #1 - ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT

ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT

Division:	ACV:
MCP Status:	Sponsor Unit:
Beneficiary Category:	Unit ID:
Enroll Start Date Range:	Discrepancy:
Trans. Start Date Range:	

Select (O)ne, (M)ultiple, (A)ll Divisions or (Q)uit:

2. Once the Division(s) have been selected, the user is prompted to select one of the following secondary sorts for the report from the action bar: **(A)lpha Order, AC(V), (M)CP Status, (D)iscrepancy, (U)nit, (B)eneficiary Category, or (Q)uit** (refer to screen #2).

Sample Screen #2 - Enrollment Discrepancy Report

ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT

Division:	ACV:
MCP Status:	Sponsor Unit:
Beneficiary Category:	Unit ID:
Enroll Start Date Range:	Discrepancy:
Trans. Start Date Range:	

Select (A)lpha Order, AC(V), (M)CP Status, (D)iscrepancy Code, (U)nit, (B)eneficiary Category, or (Q)uit: A

(A)lpha. If (A)lpha Order is selected, an action bar prompts the user to select one of three options to generate data for the report. The user may select to enter:

A date range for the Enrollment Start Dates,

A date range for the Enrollment Transaction Dates which generated the discrepancies.

All existing discrepancies not based on any date range(refer to screen #3).

The header of the report will indicate which of the date range selections was chosen (refer to screen #5).

Sample Screen #3 - Date Ranges screen

ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT

Division: AIR FORCE OUTPATIENT DIV	ACV:
MCP Status:	Sponsor Unit:
Beneficiary Category:	Unit ID:
Enroll Start Date Range:	Discrepancy:
Trans. Start Date Range:	

Select (E)nrollment Start Date Range, (T)ransaction Start Date Range, (A)ll Discrepancies, or (Q)uit:

After entering the appropriate date range or selecting All Discrepancies, the system displays a warning that the report may be complex and that it should be printed during the night or other non-peak hours. The user may discontinue at this point by selecting the default No or enter Y for YES to print the report (refer to screen #4). If the user selects to proceed, the report will print, sorted alphabetically by Division (refer to screen #5).

Sample Screen #4 - Discrepancy Report printing instructions

ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT

Division: AIR FORCE OUTPATIENT DIV	ACV:
MCP Status:	Sponsor Unit:
Beneficiary Category:	Unit ID:
Enroll Start Date Range:	Discrepancy:
Trans. Start Date Range:	

This may be a COMPLEX report.
Please queue it to print during the night or other non-peak hours.
Printing it NOW may impact other users on the system.

Do you want to proceed with this report? No//

Sample Screen #5 - continuation screen

Enrollment/Disenrollment Discrepancy Report

This is a 132 character report and is included as an attachment.

AC(V). If selected, CHCS prompts the user to select **(O)ne, (M)ultiple, (A)ll ACVs or (Q)uit.**

(O)ne. the user is prompted to enter the ACV. You may also enter the code or the description of the ACV. If a portion of the description of the ACV is entered, a picklist of appropriate ACVs will display to choose from.

(M)ultiple. If selected, you are prompted to select the ACVs from a picklist.

(A)ll. Once the ACV(s) are selected or if you selected (A)ll ACVs, the action bar prompts you to select either of the date ranges or the list of All Discrepancies displays (refer to screen #3).

After entering the appropriate date range or selecting All Discrepancies, CHCS displays the standard "complex report" warning and allows you to print it during the night or other non-peak hours. This sort prints the report alphabetically by ACV within each Division.

(M)CP Status. You may select **(O)ne, (M)ultiple, or (A)ll Status** to sort the report.

(O)ne. If selected, you are prompted to enter an MCP status.

(M)ultiple. You are prompted to select an MCP status of Invalid Enrollment, Invalid Disenrollment, any of the other 4 choices or all from the middle window to sort the report (refer to screen #6).

(A)ll. If selected, all MCP status with discrepancies should appear on the report.

Sample Screen #6 - Discrepancy Report MCP Status

ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT

Division: AIR FORCE OUTPATIENT DIV

ACV:

MCP Status:

Sponsor Unit:

Beneficiary Category:

Unit ID:

Enroll Start Date Range:

Discrepancy:

Trans. Start Date Range:

ENROLLED
DISENROLLED
CONDITIONAL ENROLLMENT
INVALID ENROLLMENT
INVALID DISENROLLMENT
PENDING ENROLLMENT

Use the Select Key to select MCP Status(es)

The next prompt once the MCP Status(es) are selected, is to select either the Enrollment Start Date range, the Enrollment Transaction Date range, or the list of All Discrepancies. After entering the desired selection the option to discontinue or proceed displays (refer to screen #3). If you select proceed, the report will print, sorted by MCP Status.

(D)iscrepancy Code. If selected the system prompts you to **select (O)ne, (M)ultiple, All Discrepancy (C)odes or (Q)uit** (refer to screen #7).

(O)ne. If selected you are prompted to enter the Discrepancy Code. You may enter the code or the description of the discrepancy. If you enter a portion of the description of the discrepancy, a picklist of appropriate discrepancies will display for the user to choose from. If you enter a double question mark, a picklist of only those discrepancies which apply to enrollees with an MCP status of Invalid Enrollment or Invalid Disenrollment will display (refer to screen #8).

(M)ultiple. If selected you are prompted to select the discrepancy codes from a picklist (refer to screen #8).

After you select the appropriate Discrepancy(s) or All Discrepancy (C)odes, the next prompt is to select one of three options to generate data for the report. You may select to enter a date range for the Enrollment Start Dates, a date range for

the Enrollment Transactions, or (A)ll
Discrepancies.

Note: If you choose (A)ll Discrepancies, the
report will list all discrepancies in the system
for only those discrepancy codes chosen from the
picklist.

This report will print, sorted by Discrepancy
Code.

Sample Screen #7 - Discrepancy Code Action Bar

ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT

Division:	AIR FORCE OUTPATIENT DIV	ACV:
MCP Status:		Sponsor Unit:
Beneficiary Category:		Unit ID:
Enroll Start Date Range:		Discrepancy:
Trans. Start Date Range:		

Select (O)ne, (M)ultiple, All Discrepancy (C)odes or (Q)uit.

Sample Screen #8 - Discrepancy Codes

ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT

Division:	Air Force Outpatient	ACV:
MCP Status:		Sponsor Unit:
Beneficiary Category:		Unit ID:
Enroll Start Date Range:		Discrepancy:
Trans. Start Date Range:		

00 More Reciprocal Disenrollment Data to Receive
01 SSN Not Found in DEERS Data Base - Verify SSN
03 DEERS Files Closed
04 Input Length Greater Than Maximum
05 Invalid Block ID
10 Invalid Transaction Type

Use the SELECT key to select Discrepancy(s)

(U)nit ID Name. If chosen, you are prompted to
select **(O)ne, (M)ultiple, (A)ll Unit ID Names or**
(Q)uit.

(O)ne. You are prompted to enter the Unit ID
Name.

(M)ultiple. Enter a selection of Unit ID
names (refer to screen #9). If you enter a
double question mark "??" you may select to
see a list of (P)rimary UICs for the area or
the (F)ull UIC list.

Once you select the Unit ID Name(s) or selected (A)ll Unit ID Names, the prompt to select either the Enrollment Start Dates, the Enrollment Transaction Dates for the date range, or All Discrepancies display. If you select to proceed, the report will print, sorted by Unit.

Sample Screen #9 - Unit ID Selection screen

ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT

Division:	AIR FORCE OUTPATIENT DIV	ACV:
MCP Status:		Sponsor Unit:
Beneficiary Category:		Unit ID:
Enroll Start Date Range:		Discrepancy:
Trans. Start Date Range:		

<-----Enter a UNIT ID Name

Enter a valid Unit ID name.

(B)eneficiary Category. If selected, you are prompted to **select (O)ne, (M)ultiple, (A)ll Beneficiary Categories or (Q)uit.**

(O)ne. Enter the selected Beneficiary Category.

(M)ultiple. Enter the selected Beneficiary Categories from a picklist (refer to screen #10).

After selecting the Beneficiary Category(s) or selecting (A)ll Beneficiary Categories, you are prompted for the date ranges or the option to select All Discrepancies. This sort will print the report by Beneficiary Category.

Sample Screen #10 - Beneficiary Selection screen

ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT

Division: AIR FORCE OUTPATIENT DIV ACV:
MCP Status: Sponsor Unit:
Beneficiary Category: Unit ID:
Enroll Start Date Range: Discrepancy:
Trans. Start Date Range:

ADY Active Duty
ADF Active Duty Family Member
RET Retiree
RTF Retiree Family Member
MED Medicare
OTH Other

Use the Select Key to select Beneficiary Category(s)

3.4.3 FILE AND TABLE CHANGES.

- A. No File and Table issues noted.

3.4.4 IMPLEMENTATION ISSUES.

- A. The Enrollment/Disenrollment Discrepancy Report will cover the most recent enrollment episode for patients enrolled in MCP.
- B. This report will be available only for new enrollment/disenrollment transactions after the conversion. Any pre-existing invalid enrollments/disenrollments (pre-load) will remain in that status and will not appear on this enhanced ENROLLMENT/DISENROLLMENT DISCREPANCY REPORT unless the conversion triggered a transaction for some reason (Invalid Disenrollment, etc.). You will still need to run an ad hoc sorting on the MCP STATUS to uncover pre-existing INVALIDS.
- C. Although the discrepancies are now stored in the MCP patient file and it can be generated on demand, this report should still be **run on a daily basis to correct discrepancies as swiftly as possible and avoid any medical care disruption.**

3.5 ENROLLING DIVISION BASED ON PCM LOCATION.

3.5.1 OVERVIEW OF CHANGE.

This change assigns the enrolling division assign to an enrollee based on the division associated with the Primary Care Manager's (PCM) place of care. CHCS stuffs the enrolling division based on the place of care of the assigned PCM and does not allow the user to directly edit this field. The enrolling division is a 'display only' field now.

All enrollment functions are modified to support this enhancement and there is a direct link of the PCM's location and enrolling division. All enrollment processing options that allow the user to reassign a PCM are updated with this design enhancement.

A data conversion updates the enrolling division based on the current PCM assignment and transmit a DEERS transaction for each enrollee as appropriate as part of the conversion. For sites operating in DEERS Enrollment mode CHCS, transmits DEERS update transactions for all enrollees. For sites operating in the LOCAL EMPANELMENT mode, DEERS transactions are transmitted for Active Duty and Medicare enrollees only.

3.5.2 DETAIL OF CHANGE.

3.5.2.1 DETAIL OVERVIEW.

When entering a new enrollment via various enrollment options, CHCS will no longer permit you to enter or default the enrolling division from the one signed on to. The enrolling division will automatically be set based on the division of the selected PCM's Place of Care.

This enhancement will be included in all enrollment and batch enrollment processing (Batch PCM Reassignment and Batch AD Enrollment) functions to include:

1. Enrollment Enter/Edit
2. Disenrollment Cancellation
3. Active Duty Auto Enrollment
4. Batch PCM Reassignment
5. Batch Active Duty Enrollment

A conversion will be run upon installation to evaluate all current enrollments and to reset the enrolling division if it does not match the PCM's Place of care division. If the enrolling division DMIS ID is updated as a result of this conversion, update transactions will be sent to DEERS (when appropriate).

3.5.2.2 DETAILED WORKFLOW.

A. DETERMINE ENROLLING DIVISION BASED ON PCM PLACE OF CARE DIVISION

Menu Path: PAS-> Managed Care-> EMCP-> EENR

1. The user input template displayed in the Enrollment Enter/Edit option (EENR) will continue to display the enrolling division which is now in the display section of the screen. The initial display of the enrollment screen for a new enrollee will not display data in the enrolling division (see screen #1). If viewing enrollment data for an existing enrollment, the enrolling division will display the division of the selected PCM's Place of Care.

Sample Screen #1 - Enrollment Processing screen

ENROLLMENT HISTORY: 01 Jun 1997

MCP Enrollment -- CONTINUATION

Name: BROWN,JEFFREY D	FMP/SSN: 20/150-48-9566
Patient Category: USAF ACTIVE DUTY	DDS: 20
Patient Type: MCP/ACTIVE DUTY	Sex: MALE
MCP Status:	DOB/Age: 02 Oct 1959/37Y
Primary Care Manager:	PCM Phone: (804)764-4778
Primary OHI: NOT ASSIGNED	Case Mgmt: NO
ACV:	
Direct Care: ELIGIBLE	Medicare: NOT ELIGIBLE

Enrolling Division: (This field was moved to this location)

=====

Patient Type: MCP/ACTIVE DUTY

MCP Enroll Date: 01 Jun 1997
End Enroll Date: 06 Nov 1998

Enrollment Comment:

2. Following the entry of an enrollment start and enrollment end date, the user is prompted to assign a PCM in the next screen (see screen #2). Based on the search criteria entered by the user, the system will display PCMs available to that enrollee. The user must select from the list as shown in screen #2.

Sample Screen #2 - PCM Assignment Screen

```
----- Start screen 2-----
                          PCM ASSIGNMENT
Patient: BROWN,JEFFREY D      FMP/SSN: 20/150-48-9566
Language:                      DDS: 20
Specialty:                     DOB/Age: 02 Oct 1959/37Y
PCM:                           PCM Gender:
Location:                      Date: 19 Jul 1997
-----
Provider          CS Cat    Specialty      Agr Locat Sex Disc Avail
-----
HARTFORD MED GROUP      INTERNAL MEDICIN MTF 23708      MTF      8
HARTFORD MED GROUP      INTERNAL MEDICIN MTF 23708      MTF      8
-----
Select PCM: HARFOR
1  HARRIS,ERIKA          234-23-4789
2  HARTFORD MED GROUP
Choose 1-2: 2
```

Sample Screen #3 - PCM Selection screen

```
                          PCM ASSIGNMENT
Patient: BROWN,JEFFREY D      FMP/SSN:20/150-48-9566
Language:                      DDS: 20
Specialty:                     DOB/Age: 02 Oct 1959/37Y
PCM:                           PCM Gender:
Location:                      Date: 19 Jul 1997
-----
Provider          CS Cat    Specialty      Agr Locat Sex Disc Avail
-----
HARTFORD MED GROUP      INTERNAL MED MTF 23708      MTF      8
*HARTFORD MED GROUP      INTERNAL MED MTF 23708      MTF      8
-----
Use SELECT key to select PCM to be assigned
Press F9 key to view Assignment Preferences or Place of Care
```

3. If the selected PCM has multiple places of care for a particular agreement type, CHCS offers a function key (F9) to view each place of care (see screen #4). This information provided should offer sufficient information to the user to insure the correct place of care is selected provided MCP F/T has been completed for all Places of Care.

Note: The screen below is enhanced to include that Medical Center Division associated with the Place of Care. In addition, the zip code field display is modified so that the full zip code is displayed. Previously, this value had been truncated.

Sample Screen # 4 - PCM Selection

```

                                PCM ASSIGNMENT
Patient: BROWN,JEFFREY D      FMP/SSN: 20/150-48-9566
Language:                      DDS: 20
Specialty:                    DOB/Age: 02 Oct 1959/37Y
      PCM: HARTFORD MED GROUP  PCM Gender:
Location:                      Date: 19 Jul 1997
-----
Provider          CS Cat    Specialty      Agr Locat Sex Disc Avail
-----
      HARTFORD MED GROUP      INTERNAL MEDICIN MTF 23708      MTF      8

HARTFORD MED GROUP
WILLIMANTIC HEALTH CENTER
GROTON (6902)                (< - - - - new field)
101 MAIN ST.
PORTSMOUTH, VA 28176
Phone: 203-222-2222
-----
Use NEXT SCREEN/PREV SCREEN keys to view text or Press <RETURN> to continue
-----
```

4. Once the PCM is selected, CHCS automatically files the enrollment data and records the division of the PCM's Place of Care as the enrolling division. If you view the record, the enrolling division will be display only (see screen #5). If another PCM is re-assigned to the enrollment record, this may have impact to the enrolling division and an appropriate update transaction would be transmitted to DEERS (dependent upon the site enrollment mode).

Sample Screen #5 - Enrollment Processing screen

```

ENROLLMENT HISTORY: 01 Jun 1997      MCP Enrollment -- CONTINUATION

      Name: BROWN,JEFFREY D      FMP/SSN: 20/150-48-9566
Patient Category: USAF ACTIVE DUTY      DDS: 20
Patient Type: MCP/ACTIVE DUTY      Sex: MALE
      MCP Status: ENROLLED      DOB/Age: 02 Oct 1959/37Y
Primary Care Manager: HARTFORD MED GROUP      PCM Phone: (804)764-4778
      Primary OHI: NOT ASSIGNED      Case Mgmt: NO
      ACV: A-ACTIVE DUTY/MCP ENROLLED
      Direct Care: ELIGIBLE      Medicare: NOT ELIGIBLE
Enrolling Division: GROTON      (<---- display only)
=====

      Patient Type: MCP/ACTIVE DUTY

      MCP Enroll Date: 01 Jun 1997
      End Enroll Date: 06 Nov 1998

      Enrollment Comment:
-----
```

B. IMPACTED SPECIALTY ENROLLMENT PROCESSING OPTIONS

Menu Paths:

PAD or PAS -> Mini Reg (Auto Enrollment)
PAS -> Managed Care -> EMCP ->DCAN (Disenrollment Cancel)
PAS -> Managed Care -> EMCP ->MENR ->BMER (Batch Renewal)
PAS -> Managed Care -> BMCP ->BENR ->UBER (Batch Enroll AD)
PAS -> Managed Care -> FMCP ->ETAB ->DMIS (Enrollee DMIS ID Update)
PAS -> Managed Care -> FMCP ->ETAB ->CLUP (Clean Up DMIS ID Update)

The enhancement of determining the enrolling division based on the selected PCM will be reflected throughout MCP functionality. All of the above options previously allowed the user to select the enrolling division or automatically set the enrolling division based on the user's default division. These options have been modified to remove the enrolling division prompt and set the enrolling division based on the PCM's place of care.

1. Menu Path:

PAS -> Managed Care -> BMCP -> BENR -> UBER
(Batch Enroll AD)

The Batch AD Enrollment update option (UBER) that allows the user to define the default division for enrollment processing, has been modified not allow the user to specify the 'enrolling division'. The data element (see screen #6) will be removed from the selection screen.

Sample Screen #6 Batch Enrollment Update Screen

POTENTIAL ACTIVE DUTY CANDIDATE UPDATE/REPORT

Medical Activity Date: 01 Jan 1992 by ALPHABETIC
Alpha Range: AAA
To: ZZZ

UIC
PCM
Alternate PCM
Enrolling Division (<- - - - to be removed)
Enrollment Block Flag
Default Data Elements

Use SELECT key to select Data Elements to be updated

2. Menu Path:

PAS -> Managed Care -> BMCP -> BMCP -> BPCM (Batch PCM Reassignment)

PAS -> Managed Care -> BMCP -> BMCP -> FPCM
(Family PCM Reassign)

The Batch PCM Reassignment options does allow you to reassign an enrollee to the same PCM but with at a different Place of Care. Because the enrolling division is automatically updated based on the division associated with the PCM's Place of Care, there is no impact to this existing functionality.

C. DATA CONVERSION

Menu Path: N/A

1. Upon installation of the EBC special release software, CHCS will automate the process of updating the enrolling division based on the division associated with assigned PCM's Place of care. The data conversion will update only those enrollment records which are considered to be currently enrolled based on the following MCP statuses:

E	Enrolled
PE	Pending Enrolled
ID	Invalid Disenrolled
CE	Conditional Enrollment
IE	Invalid Enrollment

As a result of the conversion, DEERS enrolling division update transactions will be sent to DEERS according to the enrollment mode utilized. If at DEERS ENROLLMENT mode, a transaction will be sent for all beneficiaries whose enrolling division was updated. For sites operating in LOCAL EMPANELMENT mode, update transactions will be transmitted only for Active Duty and Medicare enrollees.

The conversion process will create a temporary global to identify those patients which had an enrolling division change as a result of the conversion and will also identify those records which resulted in an update transaction being sent to DEERS.

2. A two part spooled report will be generated following the conversion identifying the number of enrollment records which had an enrollment division update as a result of the data conversion. This report will provide a count of enrollees that will be converted and re-point to another division based on the PCM's Place of Care division. **Note that this section of the report does not necessary reflect the number of DMIS ID update transactions sent to DEERS but to provide a count of the number of records which have a change in enrolling division as part of the conversion.** Refer to sample screen 7. The ENROLLMENT

DISCREPANCY report may show different figures
based on DMIS ID transactions transmitted.

Sample Screen #7 - Conversion Report Part I

TRIPLER ARMY MEDICAL CENTER

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ENROLLMENT DIVISION CONVERSION REPORT - PART I

FROM ENR DIVISION	(DMIS)	MOVE TO POC DIVISION	TOTAL PATIENTS
PEARL HARBOR	0211	TRIPLER ARMY MEDICAL CENTER	43
SCHOFIELD BARRACKS	1092	PEARL HARBOR	11
TRIPLER	0322	SCHOFIELD BARRACKS	5
TOTAL PATIENT COUNT:			59

3. Part II of the spooled report provides a total count of all current enrollees based on the PCM's Place of Care division, which is the enrolling division. This section of the report counts the statuses of Enrolled (MCP Status of E) and Invalid Disenrolled (MCP Status of ID). Pending enrollments will not be counted in this section because it will reflect enrollments as of the current date. Refer to sample screen 8.

Sample screen #8 - Conversion Report Part II

TRIPLER ARMY MEDICAL CENTER

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ENROLLMENT DIVISION CONVERSION REPORT- PART II

ENROLLING DIVISION	DMIS	TOTAL PATIENTS
PEARL HARBOR	0211	1,943
SCHOFIELD BARRACKS	1092	2,011
TRIPLER	0322	5,001
TOTAL PATIENT COUNT:		8,955

***Note:** Only currently enrolled records will be addressed by this conversion. If a user processes a disenrollment cancellation, the enrolling division will be rechecked to verify that the enrolling division (based on the re-assigned PCM) matches the PCM Place of Care division. If the enrolling division is updated, a DEERS update transaction will be transmitted at the time the disenrollment cancellation is processed.

3.5.3 FILE AND TABLE CHANGES.

- A. No File/Table changes noted.
- B. Review MCP Places of Care, their addresses, and associated divisions

3.5.4 IMPLEMENTATION ISSUES.

- A. The enrolling division is now determined based on the PCM's Place of Care division. A PCM may also have multiple Places of Care. Users should view the Place of Care (F9 within enrollment processing) to select the appropriate PCM Place of care for an enrollee. Enrollment Clerks and MCSC Contractors should be made aware of this.
- B. Site personnel should review file and table entries of existing PCM's and their associated Place(s) of Care. Additionally, they should review (and make corrections if necessary) of the Places of Care and the division associated with those hospital locations.
- C. Prior to this enhancement, the default enrollment start/end date for new enrollment at sites in Region 13 and 14 were determined based on the enrolling division that the user entered. Because the enrolling division will no longer be user defined, the system will utilize the user's default division to identify sites in region 13/14 and to offer the appropriate default start/end dates.
- D. Previously, CHCS did not prevent the user from selecting a PCM's Place of Care that was not in the user's allowable division. With the EBC release, the user will continue to have the capability to assign a PCM's Place of Care that is not in the user's allowable division. However Enrollment reports will be based on the PCM's division.
- E. PCM assignment and enrollment related reports will not be modified with the EBC special release.
- F. The spooled report, EBC ENROLLEE DIV CONV REPT, may differ from any ENROLLMENT DISCREPANCY report since they each report differently.

3.6 CHCS/DEERS ENROLLMENT SYNCHRONIZATION REPORT.

3.6.1 OVERVIEW OF CHANGE.

This new spooled report, the **CHCS/DEERS ENROLLMENT SYNCHRONIZATION REPORT**, is designed to provide summary level enrollment statistics within CHCS and capture them in a similar manner as by the DEERS system. It is a hard coded task job set to run the first of each month to calculate current enrollments. This report will **count only those enrollees currently assigned the MCP status of 'Enrolled' (with future enrollment end date) or 'Invalid Disenrollment'**. A new menu option has been added to the DEERS/Enrollment Maintenance Report menu to generate this report on demand.

3.6.2 DETAIL OF CHANGE.

3.6.2.1 OVERVIEW NARRATIVE.

Upon install of the EBC special release, a hard coded task job will be set to run the first of each month to calculate current enrollments. The generation of this enrollment count on the first of every month is the same logic used to generate the DEERS ASCII file. This report will count those enrollees currently assigned the MCP status of 'Enrolled' (with future enrollment end date) or 'Invalid Disenrollment'. The data will be sorted by the Enrolling DMIS ID and by ACV within each DMIS ID.

For sites in **DEERS Enrollment mode**, current enrollees with the following Alternate Care values will be assumed to have been transmitted to DEERS and will be counted in this report:

MCP Patient Type =====	Alternate Care Value =====
Active Duty	A TRICARE PRIME (ACTIVE DUTY)
Champus Eligible	E TRICARE PRIME (CHAMPUS)
Medicare	D MEDICARE DEMONSTRATION

For sites in **Local Empanelment mode**, the following current enrollees will be counted in the report:

MCP Patient Type =====	Alternate Care Value =====
Active Duty	A TRICARE PRIME (ACTIVE DUTY)
Medicare	D MEDICARE DEMONSTRATION

Once the report have been generated and created a mail bulletin, CP DRS ENR SYNCH RPT, will be transmitted to the appropriate MCP Mail Group to indicate that the spool report is available.

3.6.2.2 DETAILED WORKFLOW.

CHCS/DEERS ENROLLMENT SYNCHRONIZATION REPORT

Menu Path: Print Spool File (secondary menu option)

- A. After installation of the EBC special release, CHCS will automatically create a task to run the first of every month to generate the DEERS ENROLLMENT SYNCHRONIZATION REPORT. This will insure that enrollment counts (for enrollments transmitted to DEERS) are generated on the same date as the generation of the DEERS ASCII file.

Upon completion, members of the appropriate mail group will receive the mail bulletin seen in screen #9 below to indicate that the report has run to completion. This report will automatically be purged 6 months after it has been generated.

Sample Screen #9 - Mail Bulletin for Synchronization Report

Subj: CHCS/DEERS ENROLL SYNCH RPT AVAILABLE Tue,2 Jul 1997 23:00:46 10 Lines
From: SMITH,DONNA in 'IN' basket.
-----Expires: 26 Jul 1997-----

The CHCS/DEERS Enrollment Synchronization Report for 1 Jul 1997 is available.

The SPOOL file report name is: CP DRS SYNC-01JUL97-0302-503

Select MESSAGE Action: IGNORE (in IN basket)//

From the Print Spool File option, the user should enter the spool file referenced in the above mail bulletin (see screen 10).

Sample screen #10 - Spooled Report

Select SPOOL DOCUMENT NAME: CP

1	CP DRS SYNC RPT-01JUN97-0302-504	ROCHE, PAUL
2	CP DRS SYNC RPT-01JUL97-0332-231	ROCHE, PAUL
3	CP DRS SYNC RPT-01AUG97-0250-010	TURNER, TERRY

Choose 1-3: 3

-
- B In addition to the automatic generation of this report the first of every month, the user may also generate the report on demand. The report option will be named 'DEERS Enrollment Synchronization Report' and placed on the DEERS Enrollment Maintenance Menu. Once the option is selected, the system will generate the report based on MCP

Statuses on that date. Since the generation of the report data may take more than a few minutes, the user should queue the report to run, which will allow them to continue in other enrollment processing functions.

Menu Path: MCP ->OMCP ->OENR ->DRPM ->5 DEERS Enrollment Synchronization Report

- C. At sites operating in **DEERS Enrollment mode**, enrollees with the ACV of 'A', 'E', or 'D' with the MCP Status of 'Enrolled' or 'Invalid Disenrolled' will be counted in this report.

At Sites operating in **Local Empanelment mode**, enrollees with the ACV of 'A or 'D' with the MCP Status of 'Enrolled' or 'Invalid Disenrolled' will be counted in this report.

Enrollees (ACV of A and E) in an enrollment grace period will be included in this report.

Screen #11 is a sample report for a site operating in DEERS Enrollment mode.

Sample Screen #11 - Synchronization Report

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CHCS/DEERS ENROLLMENT SYNCHRONIZATION REPORT
*** CHCS ENROLLEES AS OF 1 AUG 1997 ***

ENROLLING DIVISION	DMIS	REGION	ENROLLEES
PEARL HARBOR	0211	12	
A - TRICARE PRIME (ACTIVE DUTY)			1,030
D - MEDICARE			3
E - TRICARE PRIME (CHAMPUS)			910
TOTAL			1,943
SCHOFIELD BARRACKS	1092	12	
A - TRICARE PRIME (ACTIVE DUTY)			1,000
D - MEDICARE			11
E - TRICARE PRIME (CHAMPUS)			1,000
TOTAL			2,011
TRIPLER	0322	12	
A - TRICARE PRIME (ACTIVE DUTY)			3,342
D - MEDICARE			91
E - TRICARE PRIME (CHAMPUS)			1,568
TOTAL			5,001
TOTAL PATIENT COUNT:			8,955

3.6.3 FILE AND TABLE CHANGES.

- A. Attach the appropriate MCP mailgroup to the new mail bulletin CP DRS ENR SYNC RPT bulletin.

3.6.4 IMPLEMENTATION ISSUES.

- A. To reflect accurate enrollment counts when using this report, the site must confirm that all DEERS update enrollment transactions (as a result of the EBC conversion) have been processed. To do this, the DEERS Monitor option may be used to view the number of transactions still pending in the DEERS Transaction Queue file.
- B. MCP Supervisors are the primary users of this report. These users must have the ability to print a spool file. The option to print a spool file is normally placed on a secondary menu. They may also use any MCP report menu with access to print spooled documents
- C. A mail bulletin will automatically be created and sent to members of the appropriate MCP mail group. It is

the sites responsibility to add this mailgroup to the
CP DRS ENR SYNC mail bulletin.

3.7 MEDICARE DEMONSTRATION ENHANCEMENTS.

3.7.1 OVERVIEW OF CHANGE.

These enhancements identify those patients that are eligible for Medicare benefits and are enrolled into the Tricare Senior Option program. This effort is referred to as Medicare Demonstration project and was scheduled to begin 1 Oct 97 but has been delayed. It is documented here for future use.

CHCS enhancements in support of the Medicare Demonstration effort are included with the EBC release. However, enhancements to DEERS in support of this effort have not been implemented yet. DEERS enhancements in support of the Medicare Demonstration effort will be implemented at a future date. Although CHCS enhancements are available now, all enrollments for Medicare patients will be rejected by DEERS until their enhancements have been implemented and your site has been defined as part of the Medicare Demonstration effort.

The Medicare Demonstration project incorporates a variety of enhancements, all of which will track the enrollments of Medicare patients at approved sites yet to be determined. Enrollment transactions for Medicare patients will be assigned the Alternate Care Value of 'D' and will transmit enrollment transactions to DEERS for both enrollment modes (DEERS Enrollment mode or Local Empanelment mode).

This enhancement includes the capability to generate an ASCII file data layout of key enrollment related fields for Medicare enrollees.

3.7.2 DETAIL OF CHANGE.

3.7.2.1 DETAILED WORKFLOW.

A. CANCEL MEDICARE ENROLLMENTS

Menu path: N/A

The sites have been notified and were requested to disenroll or cancel all CHCS Medicare enrollments. EDS has also performed this same activity and all Medicare enrollments have been canceled from the DEERS database in anticipation of the Medicare Demonstration project.

A data clean-up utility will be run upon installation of this enhancement, to verify that

all Medicare enrollments have been canceled or disenrolled at CHCS sites. **If the site has Medicare enrollees, this utility will automatically cancel the enrollments within CHCS.** Due to the fact that all Medicare enrollments have been cleared from the DEERS database, cancellation transactions will not be transmitted as part of this process.

A spool report will be generated at each site identifying patients that had a current Medicare enrollment record and was canceled as part of this process. The patient name, FMP/SSN, Enrollment start date, original enrollment end date PCM, and CHAMPUS eligibility will be displayed on this report and the data will be sorted by Sponsor SSN (see screen #1). If there are 50 or more patient records canceled via this process, a report footer display and requesting that the site file a SAIC Support Call for development team analysis.

The spool report is labeled 'MEDICARE@datetime' and should be purged by the site after it has been generated.

Sample Screen #1 - Canceled Medicare Enrollees Report

Canceled Enrollments for Medicare Enrollees

FMP/SSN:	NAME:	ENR	STD	ENR	END	PCM	CHMP
20/043-30-2221	BROWN, THOMAS	01Jun96	31Dec97			RED TEAM	Y
30/043-30-2221	BROWN, CANDACE E	01Jun96	31Dec97			INTERN MED	N
31/122-22-1887	ADAMS, SANDY	01Feb97	31Jan98			SMITH, TOM	N
.							
.							
30/801-44-6543	DONOVAN, SUSAN T	08Jan97	31Jan98			RED TEAM	Y

TOTAL MEDICARE ENROLLEES CANCELLED: 59

* * * * *

NOTE:

Based on the number of Medicare enrollments that were canceled upon installation, please file a SAIC Support Call. MCP software development staff must review the data contained in this report. The installation of the Medicare Demonstration enhancements will not be impacted by the generation of this report.

* * * * *

B. UTILIZE CURRENT ELIGIBILITY INFORMATION

Menu Path: PAS-> MCP-> EMCP ->EENR

CHCS utilizes various CHCS data elements to project the MCP Patient Type (used to transmit the Alternate Care Value). If the patient's age is equal to or greater than 65 years old, the system automatically defaults the Patient Type of Medicare. CHCS previously did not utilize data received from DEERS via an eligibility response.

This enhancement includes an additional check to utilize data from a current (within the last 5 days) eligibility response. If the CHCS patient age is 65 years old or older, the system utilizes the CHAMPUS eligibility field (stored in the Patient file) and the MEDICARE field if the response is current.

CHCS will default the Patient Type of Medicare and the ACV of 'D' will be transmitted to DEERS for all enrollment transactions if:

- The CHAMPUS field is 'Not Eligible' (N) or 'Null'
- The MEDICARE field is 'Eligible over 5'(E), 'Eligible after 65(0)' or 'Purchased' and the patient is 65 or older.

Note: The patient type is a default value and may be edited if necessary by the user.

If a beneficiary is CHAMPUS eligible, regardless of their Medicare eligibility, they will be assigned the default value for the ACV of 'E' in the enrollment module. TRICARE Prime is their primary benefit.

If a current eligibility check is not on file, only the patient's age in CHCS can be used to determine if the patient is Medicare eligible. Note that the Patient Type is only a defaulted value and can be edited by the user if appropriate.

C. TRANSMIT ENROLLMENT RELATED TRANSACTIONS WHEN IN LOCAL EMPANELMENT

Menu path: PAS-> MCP-> FMCP-> FTAB-> PARA

CHCS will transmit the following DEERS enrollment transactions for Medicare enrollees (ACV=D) for sites operating in Local Empanelment mode as well as DEERS Enrollment mode

DEERS Enrollment Related Transactions

AQC40 Enrollment Cancellation
AQC41 Enrollment
AQC42 Disenrollment
AQC43 Reciprocal Disenrollment
AQC44 Reciprocal Disenrollment/Enrollment
AQC45 Enrollment Start Date Update
AQC46 Enrollment End Date Update
AQC47 Enrollment DMIS ID/PCM Location Code Update
AQC48 Enrollment End Date Cancellation
AQC5J Reciprocal Disenrollment (from losing site)

D. CHANGES TO ENROLLMENT MODE

Menu path: PAS-> MCP-> FMCP-> FTAB-> PARA

The MCP Parameter option will include additional prompts in the event that the site changes the Enrollment Mode to or from DEERS Enrollment/Local Empanelment mode. Non Active Duty enrollees (Active Duty Family Members, Retirees, Retiree Family Members) must be disenrolled when this field in the MCP Parameter option is changed. Medicare enrollees are a subset of Non Active Duty; however, with this enhancement the site may now choose not to disenroll Medicare patients when the enrollment parameter is changed (see screen #2). If the user chooses to disenroll Medicare patients, disenrollment transactions **will not be sent to DEERS** and the MCP status on the CHCS local system will be updated to 'Disenrolled'.

Note: This is a secured function and only those users that hold the CPZ PARAMETERS key have the ability to change enrollment modes.

Sample Screen #2 - MCP Parameters screen

```
----- Start of Screen 2 -----
Catchment Area Name: MCP DIVISION
Catchment Area DMIS ID: 6501
                                Enrollment Mode: LOCAL EMPANELMENT

Restrict Enrollment by Residential Address: NO
Restrict Enrollment for Active Duty Family Members: NO
Restrict Enrollment for Retired Beneficiaries: NO
Restrict Enrollment for Retired Family Members: NO

Hours for running Batch Enrollment: 2100 to 0400
Active Duty DEERS Eligibility Parameters:
Date to Perform Annual Eligibility Checks: 05 Oct
Day of Month to Perform Monthly Eligibility Checks: 2
All non-active duty MCP Enrollees/Empaneles must be disenrolled prior to
changing the Enrollment Mode.
Do you wish to Disenroll/Disempanel all Medicare enrollees? Y
Do you wish to Disenroll/Disempanel CHAMPUS eligible TRICARE Prime non-active
duty Enrollees? Y
```

E. DEFAULT OF ENROLLMENT END DATE FOR MEDICARE ENROLLEES

Menu path: PAS-> MCP-> EMCP-> EENR

CHCS will default the enrollment end date of three years from the enrollment start date for Medicare enrollees. This is a default value only that allows editing of the enrollment end date. The user may choose to not accept the default and may enter any other date **prior to the default date**. There will be an additional check to insure that the enrollment end date is after the enrollment start date.

Note: This enhancement of default the enrollment end date will not apply to sites in Regions 13 and 14 (reference SIR# 26510).

F. ASCII FILE DATA FOR MEDICARE ENROLLEES

Menu Path: N/A

***Note:** This is a utility which must be generated by a software specialist with programmer access.

To support data extraction associated with Medicare enrollees, systems external to CHCS (e.g. HEAR, CCHI, ID Cards) require the following data file. This file may be generated via programmer access.

It is currently anticipated that Keesler MTF will generate this file, however, this ASCII file data will be available to all CHCS sites.

TECHNICAL ASSUMPTIONS:

1. This ASCII file will be generated from the programmer's prompt.

The system will prompt the user to enter a DEVICE.

```
>D EN^CPMEDSUM  
DEVICE: MEDSUM1.DAT
```

2. Records will be delimited with the character '<CR>'
3. Data elements within a record will be delimited with the '^' character.
4. This routine will extract historical, current, and future enrollments for enrollees with the ACV of 'D' after 01 Oct 1997. There will be no date range prompts. Using the MCP status, users of this information can identify or screen enrollees based on the desired MCP status.
5. This routine will extract only those patients which have or had an enrollment with an ACV of 'D'.
6. Records will be sorted in alpha order by patient name.

ASCII FILE DATA ELEMENTS

PATIENT RELATED INFORMATION:

```
=====
```

NAME	2,.01
FMP/SSN	2,8000
DOB	2,.03
SEX (CODE)	2,.02
ADDRESS 1	2,.111
ADDRESS 2	2,.112
CITY	2,.114
STATE (CODE)	2,.115
ZIP	2,.116
PATIENT SSN	2,.09

SPONSOR RELATED INFORMATION:

```
=====
```

SPONSOR NAME	2,.01
SPONSOR SSN	2,.09
SPONSOR DOB	2,.03
ADDRESS 1	2,.111
ADDRESS 2	2,.112
CITY	2,.114
STATE (CODE)	2,.115
ZIP	2,.116
SPONSOR PHONE #	2,8012
BRANCH OF SERVICE (CODE)	2,.325
RANK (DESCRIPTION)	2,8018
PAYGRADE (DESCRIPTION)	2,8018
PATIENT CATEGORY (CODE)	2,8014
SPONSOR STATUS (DESCRIPTION)	2,8014

```

DEERS RELATED INFORMATION:
=====
DDS (CODE)                      2,9029
DEERS ALT CARE FLAG (CODE)      2,9027
DIRECT CARE ELIGIBILITY (DESCRIPTION) 2,9015
DMIS ID                        2,9028
PCM LOCATION CODE              2,9001.15
DEERS SPONSOR STATUS (CODE)     2,9000.17
MEDICARE ELIGIBILITY (DESCRIPTION) 2,9031
CHAMPUS (DESCRIPTION)          2,9000.16
DEERS ELIGIBILITY END REASON (DESC) 2,9016

ENROLLMENT RELATED INFORMATION:
=====
ENROLL START DATE              8552.05,.01
ENROLL END DATE                8552.05,1
ALTERNATE CARE VALUE           8552.05,4
MCP STATUS                     8552.05,6
DISENROLL REASON (DESCRIPTION) 8552.05,7
DIVISION (DMIS ID)             8552.05,9
PCM NAME                       6,.01
PCM ADDRESS                    6,.8001
PCM CITY                       6,.8002
PCM STATE (CODE)               6,.8003
PCM ZIP                        6,.8004
PCM PHONE                      6,.131
PCM FAX                        6,.133
CONTRACTOR PCM LOCATION CODE   8552.06,13
CODE
PCM IDENTIFIER                 PCM SSN or TAX ID for Individual
                                PCM TAX ID for GROUP PCM

```

3.7.3 FILE AND TABLE CHANGES.

- A. None noted.

3.7.4 IMPLEMENTATION ISSUES.

- A. The processing of enrollment related transactions for Medicare enrollees will follow existing processing and discrepancy resolution activities. Site personnel are responsible for monitoring enrollment discrepancies for all enrollees.
- B. Currently, the Local Empanelment mode transmits enrollment transactions for Active Duty enrollees. With this enhancement, the Local Empanelment parameter will transmit enrollment transactions to DEERS for the MCP Patient Types of Active Duty and Medicare patients.

The default enrollment end date logic (3 years after enrollment start date which is being implemented with the Medicare Demonstration effort, will NOT apply to sites operating in Regions #13 and 14.

Appendix A :
GENERIC/COMMON FILE CHANGES

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A.1 SUMMARY OUTLINE.

This Section provides a brief summary of the software changes in CHCS Version 4.6 from baseline CHCS Version 4.5 which affect CHCS common files.

A.1.1 UIC TOTAL SOLUTION.

The ability for users to use free text to designate a Station/unit in mini and full registrations (The "Use as is?" option) has led to a number of coding and data inconsistencies across all of CHCS. Changes have been made to force users to select entries which are contained within the Unit Identification Code file. In addition, a conversion has been written to try to convert all of the free text entries to valid entries. Many new options have been developed to maintain the UIC file and make it easier for users to select an appropriate Unit for patients.

A.1.2 MTF DATA NO LONGER SUPPORTED.

The Medical Treatment Facility (MTF) File has been used historically in CHCS to designate the Medical Treatment Facilities belonging to the Department of Defense and other facilities with which they associate. As such, entries in this Class 1 file have been used throughout the software to not only designate individual facilities but to also designate the CHCS platform at an individual site. This file will now be editable. Sites will no longer have to choose a value from this file to define their site, instead they will be able to create a "Host Platform Name".

A.1.3 PROVIDER AND PLACE OF CARE INACTIVATION.

CHCS presently allows authorized CHCS users to inactivate providers and hospital locations by more than one method. CHCS will now maintain consistency when inactivating a provider either by entering an inactivation date in the Provider file, or when DBA-Inactivating Providers. There will also be consistency for the inactivation of Hospital Locations.

A.1.4 E-LEVEL MEPRS EDIT.

CHCS will prevent the entry of an inappropriate requesting location in the DEFAULT LOCATION field in the User Order-Entry Preferences option and in the LOCATION field in the Provider file.

CHCS will also produce two new reports to identify discrepancies for existing data in the Hospital Location file. One report lists hospital locations, when the Group IDs for the location and the location's MEPRS code are not equal. The second report lists hospital locations that have an inappropriate MEPRS code based on the Location Type.

A.1.5 MEPRS PARENT ADDED TO DMIS ID FILE.

SAIC will modify the CHCS DMIS ID Codes file #8103 to include all fields currently provided in the source data file which CHCS receives. CHCS will be modified to use the MEPRS (EAS) PARENT field (new) to determine if a division's workload is eligible for Workload Assignment Module (WAM) workload reporting.

A.1.6 CHANGES TO SUPPORT APV.

When patients are surgically treated and released within twenty-four hours, workload reporting is processed as outpatient workload under the new category entitled "Ambulatory Procedure Visit" (APV). This enhancement requires that the Ambulatory Procedure Units (APU) be set up as unique hospital locations. These APUs have a location type of "Ambulatory Procedure Unit," that replaces the existing "Same Day Surgery" location type.

When defining MEPRS Codes, the system allows the user to flag the appropriate MEPRS Codes as APU MEPRS codes. Additionally, the system allows the user to define the corresponding DGA* MEPRS Code for hospital locations defined as "Ambulatory procedure units" that also utilize an "APU" MEPRS code. This will enable CHCS to record minutes of service for APV workload, and attribute it to the appropriate MEPRS code.

If the patient's APV encounter requires an inpatient admission, the system allows the user to assign the new corresponding Source of Admission Code, "APA - Admission Resulting from APV."

A.1.7 REVISE PROVIDER SCREENS AND PROVIDER FILE.

This change redesigns the Provider File Enter/Edit screens and removes obsolete data elements from the provider file. Obsolete data elements have been removed from the provider screens and remaining elements have been rearranged for a more logical grouping.

MailMan Enhancements

The List New Messages (LNM) option on the CHCS user's Mailman menu now offers the user a window screen format for viewing and selecting messages and responses to read. This window allows the user to scroll through back and forth through the list to decide which messages to read. Press the select key, only, next to the subject and the message will display. Once the user is finished reading the message and chooses a Message Action the new message window will return for the user to select another message.

Scrolling options include the standard uses of the up or down cursor keys, the [F7] key for bottom of the list, the [F8] key for top of the list and the NextPage/Previous Page keys.

Sample Screen

```
New Messages for DOCTOR,LAMP
@TRAINING.SAIC.COM                               Thu, 21 Jun 2001 12:15:44

|-----|
1) Subj: APPOINTMENT SCHEDULED                    |
    Thu, 21 Jun 2001 11:54:02      5 Lines
    From: POSTMASTER    Not read, in IN basket
2) Subj: MISSING SIGNATURE                        |
    Sat, 10 Jan 2001 17:26:05      3 Lines
    From: POSTMASTER    Not read, in IN basket
3) Subj: MISSING SIGNATURE                        |
    Sat, 10 Jan 2001 17:26:05      3 Lines
    From: POSTMASTER    Not read, in IN basket
4) Subj: NOTIFY NON-COMPLIANT RX                  |
    Sun, 17 Jun 2001 10:23:27     10 Lines
+-----|
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Appendix B :

MASTER CHECKLIST

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GENERIC CHECKLIST ITEMS FOR ALL USERS

B.1 USER TRAINING.

B.1.1 CLN.

It is recommended the site request Implementation Support for training and user assistance in the new clinical enhancements for this activation.

It is recommended that HCP-level users (Classes 2-4) and Nurse/Clerk-level users (Class 0-1) attend separate demonstrations for clinical enhancements that will be utilized.

Training sessions should include a brief introduction demo covering the Inappropriate Requesting Location changes, and an overview of the Transportable Patient Records, Duty Station and UIC enhancements. Classes should be organized to include the topics below.

HCP-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(30 min)
Discharge Summaries	(30 min)
Problem Lists	(30 min)
Consult Results	(1 hour)
APV Order Entry	(30 min)

Nurse/Clerk-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(15 min)
Discharge Summary	(30 min)
Problem Lists	(15 min)
Consult Results	(1 hour)
APV Order Entry	(15 min)
Immunization Enter/Review (Nurse-level)	(30 min)
Nursing Due Lists	(1 hour)

It is recommended that supervisory personnel, responsible for File and Table maintenance, attend a separate demo to cover the requirements for Progress Notes, Immunizations, Clinical Site Parameters, Consult Procedures, Discharge Summaries and Transportable Patient Records. Transportable Patient Records training is not covered in the core classes.

It is recommended that users who will be responsible for entering APV Minutes of Service attend the PAS demonstration covering this option.

B.1.2 COMMON FILES.

It is recommended that Data Base Administrators attend a two hour demo.

B.1.3 LAB .

There are two LAB IUG documents to reference for this upgrade:

- (a) IPDWC Interface to COMED AP: MPL Enhancement DS-IMPL-5000
- (b) This IUG: Upgrade to CHCS Version 4.6

A 1.5 hr. demo of general 4.6 changes is recommended for Lab Supervisory Personnel prior to activation. The familiarization training plan is recommended as an alternative if a demo is not possible.

If APCOTS is not ACTIVATED or if the MPL enhancement has already been implemented, a 2 to 3 hour block of time for demo or self study is estimated for a user familiar with CHCS Lab F/T maintenance to prepare for this upgrade. Sites without users familiar with Lab F/T maintenance have two logical choices, (1) subscribe to standard CHCS training {est. 2-3 days} or (2) request onsite outside assistance.

If the site is preparing to activate APCOTS, an additional 2-3 hours is recommended for demo and to answer site questions.

Attendance: Lab KEY POC's: Managers, F/T maintenance, Anatomic Pathology, senior supervisory personnel, Quality Assurance and Lab Trainers.

B.1.4 MCP.

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

- | | |
|---------------------------------------|------------|
| 1. MCP Supervisors, MCP F/T personnel | 5 min demo |
| -Screen #1 of change | Handout |

SET PCM CAPACITY FOR MEDICARE ENROLLEES

- | | | |
|------------------------------------|------|---------|
| 1. Enrollment Clerks | Demo | 15 mins |
| 2. MCP Supervisors & F/T personnel | " | 30 mins |
| (includes Enr clerk's demo) | | |
| 3. Systems/MCP Sup./F&T personnel | | |
| Handout: Exception Report | | |

LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

- | | |
|------------------------|---------|
| 1. MCP Booking Clerks | 15 mins |
| 2. Health Care Finders | 15 mins |
| 3. MCP Supervisors | 15 mins |

DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

- | | |
|--------------|--------------------------------|
| 1. All Users | Handout of the new screens ... |
|--------------|--------------------------------|

AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT

- | | |
|--------------------|-----------------------|
| 1. MCP SUPERVISORS | Handout - This Change |
|--------------------|-----------------------|

AD ASSIGNMENT TO EXTERNAL PCM

- | | |
|------------------------------|---------|
| 1. Tricare Enrollment Clerks | 15 mins |
| 2. Tricare/MCP Supervisors | 30 mins |
| 3. MCP F/T personnel | 60 mins |
- (Class for F/T includes Clerks & Supervisors demo)

PROVIDER PLACE OF CARE INACTIVATION

- | | |
|----------------------------|---------|
| 1. PAS and MCP Supervisors | 30 mins |
|----------------------------|---------|

UIC TOTAL SOLUTION

- | | |
|---------------------|-----------------|
| 1. MCP Clerks | 15 mins |
| 2. DBA Common Files | Refer to CF IUG |

EBC

Refer to EBC IUG.

B.1.5 PAD/MSA.

It is recommended that PAD supervisors attend the 1 hour supervisory demo plus the 1.5 hour clerk/general user demo. MSA supervisors and clerks should attend the 1 hour MSA demo.

B.1.6 PAS.

A 2 hour demo is recommended (1 hour for APV users; 1 hour for other PAS users), to be attended by Facility Trainers, Booking personnel, Clinic Supervisors, and PAS file and table POCs.

(See MCP section as well. Sites using MCP may want to combine demos) it combined, schedule a 3 hr. time slot.

B.1.7 PHR.

The time required for training may vary from site to site depending on the functions utilized. Bar Code, the Dispensing Option Enhancement and/or Quick Dispense are optional. The latter two are dependent upon the use of the Ver 4.5 Dispensing Option. If the site chooses not to use any of these, then the remaining changes, except for RX Number Consistency and FDB III, are either passive in nature or will affect supervisory personnel only.

A 1 hour demo is recommended for familiarization training. An additional hour is estimated to demo the Dispensing Option Enhancement, Quick Dispense, and Bar Code changes.

B.1.8 RAD.

RAD USERS: File and Table supervisors should attend a two-hour training demonstration for both modifications to the Print Pull List and Scheduling Parameters Modifications. Both will require file and table maintenance.

File room personnel should attend a one-half hour demonstration on the new Print Pull List option.

B.1.9 MRT.

PAD USERS: Users who are responsible for retiring records to NPRC or transferring records within their CHCS network should attend a two-hour functionality demo/training. This would include all PAD POCs, file room supervisors and personnel responsible for performing transfer/retire tasks.

PAD USERS: If MRT clerks will be creating APV records, they should be available for an APV record creation demonstration of about 30 minutes.

PAS/MCP USERS: If PAS supervisors are going to create a file room for APV records, they need one on one training (if they do not know how to create a file room) of about 30 minutes.

SITE MANAGERS and SYSTEM SPECIALISTS: It is recommended that site personnel responsible for formatting the Record Index/Shipment Data File to ASCII attend a one on one demo of about 30 minutes.

B.2 IMPLEMENTATION ISSUES.

B.2.1 CLN.

Before the Install:

- _____ 1. It is recommended that the site assess the way they are currently using Consult Orders and determine whether the Consult Results option will be used. Gather data for the File and Table build to be entered post load to include Consult Names and type; Consulting Clinics and Providers; Devices, etc.)
- _____ 2. It is recommended that the site gather data related to the Ambulatory Procedure Units that are currently in use for File and Table build post load. Coordination with PAS, PAD, MEPRS and Systems Admin is required for this effort.
- _____ 3. The site should establish what pre-positioned data will be entered for Patient Instructions and Discharge Summary Text to support the Discharge Summary enhancements. Patient Instructions can be entered before the load.
- _____ 4. It is highly recommended that the site appoint a contact person for Immunization file and table build. This information should be available post load for all immunization file and table requirements.

Post Install:

- _____ Communicate with other areas and verify that all APV File and Table has been completed before use of this option can be implemented.
- _____ Assign the necessary security keys for Patient Notes, Consults, transportable records and APV order entry.
- _____ Identify personnel for each clinic to be responsible for the Problem Selection List entries if this enhancement will be utilized on site.
- _____ Decide how the Transportable Patient Records options will be utilized at the site.

B.2.2 COMMON FILES.

Pre Load:

- ___ A meeting must take place between the different sites on the CHCS system to determine if a host platform will be defined and, if so, what values will be used.
- ___ A meeting must take place between the Data Base administrator and the MEPRS office to determine which MEPRS codes will need to have the "APU Flag:" set to YES and DGA* MEPRS that the APU locations will be linked to.

Post load:

- ___ In the case of hospital locations with inappropriate MEPRS codes, a determination will need to be made as to who uses the location if anyone. If no one uses the location, it should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.
- ___ Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed. All divisions on the data base need to address this issue.
- ___ For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

B.2.3 LAB.

___ Quality Control Report Menu Option Enhancements

Verify that Quality Controls are defined with a Lab Section.
Note that this field in the Quality Control file is not required for defining a Quality Control Specimen ... but is needed for this new enhancement to work properly!

___ LAB HOST PLATFORM PARAMETERS (#8700) - **NEW FILE**

For any site needing to activate APCOTS, FileMan Enter/Edit is still required, but this is now done by accessing file #8700 instead of the LAB MTF (#69.9) file.

___ DBSS activation

- (1) The CHCS Program Office will direct when/which sites can activate DBSS. This is not a site decision.

(2) In terms of technical requirements, to support this interface, the minimum DBSS S/W version is 2.01.

(3) Recipients to receive discrepancy BLOOD TYPE bulletin:

For each Lab Division DBSS site, the determination will need to be made concerning appropriate entries to receive the Blood Type Bulletin, bearing in mind that Mail Users and Groups may be division specific and Device file entries are MTF-wide.

CHCS BLOOD TYPE TEST

If not already defined, a {non-DBSS} laboratory test can be created for CHCS result entry of a patient's Blood Group and Rh Type. The name of this test can be entered in the Lab Host Platform Parameters file. As this test will be shared system-wide, sites will need to reach an agreement for the name.

Note, if existing CH subscript tests already exist, caution needs to be exercised to ensure that test replacements do not compromise existing ORDER SETS. If an order set is defined with an existing lab test that is going to be inactivated, the order set will need to be edited to delete the old test and to add the new one.

One final note is that certain characters (symbols) may need to be avoided when defining the name of the new test. For example, if "&", "\", or "+" are incorporated into the test name, the result will not be received into CliniComp.

DAC Results Report {Amended Results}

As a result of version 4.6 s/w changes, laboratory results amended before the upgrade will not be captured on the DAC report for Amended Results. Since this historical data will not be available after the upgrade, it is suggested that Lab Managers (in each Lab Work Element) print the standard DAC report for Amended Results if this report is presently being used/monitored by QA. If this is done on a daily basis for the week preceding the upgrade, then on the day prior to the upgrade, there will be only one days worth of data to be compiled and printed {and the report should complete quickly}.

DII/LSI Interface

A new Mail Group should be created by DBA to receive DII Error Message bulletins. Depending upon the needs of the site for those bulletins, consideration should be given for division specific mail groups. DII type entries in the Lab System Interface file would subsequently need to be populated correctly with the appropriate mail group for each

division. It is NOT recommended that these mail groups be added in the Bulletin file.

After the upgrade, error messages from DII interfaced instruments will begin to display to lab users during TAR as a part of routine operation. These error messages will also begin to populate the DII ERROR INITIALIZATION and the AUTO INSTRUMENT files. In the Auto Instrument file, this instrument generated error message will populate the ERROR CODE and the associated ACTION CODE and ERROR TEXT. The Action Code populated by the error message is the default, "Display Error/Do Not File". Lab F/T action is required to change this Action Code as needed and enter the User Definable Error Message for each error. The User Definable Error Message field is 'free text' and gives Lab F/T users the means to clarify the error display text and to specify the suitable course of action for the lab user to take when the error is encountered. The Lab F/T interaction will continue until all possible errors have been encountered by the DII interfaced auto instrument and as instrument software upgrades are installed with new and/or different error messages.

____ Routine preparations for version upgrades are done:

Verify there are no outstanding Transmittal Lists, Collection Lists and Work Documents. One of the enhancements of version 4.6 is SIR 14744, which establishes an upper limit on batches as 9999. Any Work Document batches greater than 9999 will not be accessible after the load. Even though a laboratory may have work document batch #'s less than 9999, it is still recommended that all work documents are unloaded as a normal precaution prior to the upgrade.

B.2.4 MCP.

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

POST LOAD

____ Decide on the Grace Period for AD enrolled patients and set the parameter via menu option PARA.

SET PCM CAPACITY FOR MEDICARE ENROLLEES

POST-LOAD

____ Print the Exception Report BENFICIARY CATEGORY/PATIENT CATEGORY DISCREPANCY REPORT.

- ___ Review the report to correct Patient Categories or registration.
- ___ Review PCM Groups and revises PCM capacities as needed.

AD ASSIGNMENT TO EXTERNAL PCM

Pre-Load:

- ___ Determine which external PCMs will be allowed ACTIVE DUTY patients and establish capacities.

Post-Load:

- ___ Review all external PCMs with agreements of NET and SUP.
- ___ Define AD capacities for these providers if limit ...
- ___ Assign new Security Key to appropriate users (sec 2.5).

PROVIDER PLACE OF CARE INACTIVATION

- ___ CHCS users (i.e., PAS Supervisors, and Managed Care Supervisors) will use the system as they do presently to inactivate and reactivate PAS providers and clinics and MCP providers and places of care. The end result is the same. The process in achieving the end is different.

UIC TOTAL SOLUTION

Pre-Load:

- ___ Ensure all registrations are correct when feasible

Post-Load:

- ___ DBA should review reports to correct registrations.

B.2.5 PAD/MSA.

Before the install:

- ___ Run the MSA and TPC Active Accounts Receivables (AAR) the day prior to the software load.
- ___ Run the MSA Balance Check two days prior to the software load and log a Support Center Call for any problem accounts.
- ___ Sites can make good use of Post Master Mailman Messages in order to emphasize key changes which will affect the users after the software load, i.e.: MASCAL Phase II, DD7A Functions, Station/Unit Code Changes, etc.

- Sites who want to create a DD7A Billing Report for the month during which CHCS version 4.6 is loaded, should take steps to record all applicable outpatient visits which can then be added to the report via the DD7A Monthly Outpatient Billing Process (MBP).
- Sites may want to run off all templates for Ad Hocs created to support the MASCAL Functionality.

During the install:

- Track all PAD/MSA activity to be backloaded when the system is returned to the users.

B.2.6 PAS.

- Sites need to define the HOST PLATFORM NAME, but don't need to do so until after the installation of Version 4.6.
- File and Table personnel need to review the clinic profiles to ensure they are set up with the correct service.
- The Service Type file must be populated through BFIL.
- PAS clinic and provider profiles, templates and schedules must be created and maintained for each APV clinic.

B.2.7 PHR.

If a site plans on using Bar Code:

- Before deciding to implement Bar Code on all printers, users should plan on a trial period using a limited number. Bar Coded label generation by Datasouth printers will take significantly longer than they are accustomed to (three times as long). And, even if the site has acquired an Intermec printer exclusively for Bar Code, a non-bar coding printer should be kept available for a period of time.

If a site plans on using Dispensing software:

- It is likely that most sites will have delayed implementing Dispensing Option (Ver 4.5) awaiting the availability of Bar Code. At those sites where this is true, it would probably be prudent to not enable Dispensing Option/Dispensing Option Enhancement II and Quick Dispense until the Bar Code trial has been completed and the label generation time increase has been evaluated by the site.
- Pharmacy users should be encouraged to mark RXs noncompliant via the DRX option rather than via Noncompliance Data (NON).

This will combine multiple RXs for the same patient into one mail message. If this is done via NON, one message will be generated for each RX.

Dispensing Option/Dispensing Option Enhancement and Quick Dispense are enabled at the Division level. It is either on or off for all outpatient sites in a particular division.

- Caution sites that disabling dispensing software will permanently erase dispensing data recorded to that point.

B.2.8 RAD.

- Schedule templates will require modification prior to implementing 24-hour scheduling.
- Existing labels will require re-formatting if new print fields will be implemented.
- Clinics requiring Radiology to pull records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE.

B.2.9 MRT.

PRE-LOAD

- It is recommended that old retirement indices be deleted prior to V4.6, as they cannot be deleted once V4.6 has been loaded.
- Review current record types in the Type of Record Setup. Decide if any new record types need to be created. The PAD POC should check with other divisions prior to the load to see if they will use any new record types and either enter that information into the files or have the individual division POC's enter that into the files after the load.
- Will PAD or PAS be creating APV records? The APV record must be created using the Create APV menu options from the PAS menu to ensure that the APV record is linked to the ambulatory procedure itself. If APV records are created through the PAD CV option, they will not be tied to the PAS appointment and the APV record tracking number will not be assigned. It must be decided who will create the APV records and if PAD will do so the APV menu can be assigned as a secondary menu.

POST-LOAD

— Any medical record stored in a file room which does not have a corresponding electronic entry on CHCS MUST be entered onto CHCS or retired using the current manual process.

If there is no electronic record on CHCS and the site wishes to use CHCS to retire these records:

Access the 'Record Initialization' Menu:

1. PAD -> MRM -> TM -> OR -> CB {Create/Edit Batch Lists}
2. Enter patient's name for whom there is no record
3. Record creation date can be 'back-dated' to indicate when the patient was last seen at the MTF. The retire list searches the last patient activity date to put records on the list.
4. Then, PAD -> MRM -> TM -> OR -> NR {Create New Records/Print Labels}

You should now be able to create electronic retire lists using the appropriate search dates. When the RECORD INDEX is created using the Transfer-Retire menu, it will now include these records as eligible to retire.

— Many facilities have been retiring records electronically on CHCS prior to this software upgrade. If those sites wish to create or recreate a retirement list for those records, the actions listed below can be taken. It will be up to the POC to evaluate how records have been retired and if they desire to do any cleanup.

There have been a number of ways that sites have retired records. Depending on which method was used, the following actions can be taken:

- o If records were retired using: MRM-FE-PR
Movement type = Inactivate

No further action is required.

- o If records were retired using: MRM-FE-PR
Movement type = Move to Another file area and you've indicated NPRC as an 'Additional MTF' in your files:

Then generate an ADHOC (see software specialist) where 'current borrower' = the NPRC and Home Division = unknown. There has been a software error which sends these record into limbo because of the 'unknown' division. Now have software specialist use FileMan Enter/Edit and input the correct Home Division for those records. Those records will then show when doing an inquiry and the NPRC will be the destination.

- o If records were retired using: MRM-TM-TR (Transfer to Other MTF)

No further action should be required.

- o If records were retired using: MRM-TM-AC (Inactivate/reactivate Records).

No further action should be required.

- o If records were retired using: MRM-TM-MR (Move Records to Other File room).

Just access the file room where those records are located and generate a Retire list.

When records are added to the Record Index, they are added to the bottom of the list. If records are added AFTER box numbers have been assigned, those records will automatically be assigned to the last box number on the list. Current NPRC policy requires that all records be filed according to the SSN within boxes. However, Record Indices are easily deleted and can be re-generated so box numbers can be re-assigned.

When a Record Index is generated for the retirement of records and the associated Shipment Data File is NOT created, the system will allow the user to SEND the Record Index which will update the record status to RETIRE RECORD. However, under these circumstances, the NOTIFY action is not available and the ASCII fill will not be created.

Clinics requiring Medical Records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE:

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER:

To add clinics to pull list functions so that pull lists can be generated by provider, the RECORD TYPE NEEDED: field in the Borrowers Setup File MUST be populated with the RECORD TYPE needed when 'Record Requests are made when making appointments.

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER: Input Clinic here. At the Records needed field: add appropriate record to be pulled.

PAD POC's need to check with POC's from all divisions to decide which record labels need patient address and division.

When retiring records, the system searches records for retirement based on Patient Category. Family members are

lumped with retiree records. That can present a problem if just family members are being retired. Currently there is no way to differentiate between these two patient categories. The development team is currently looking at this problem.

As a workaround, file areas could maintain family member records separate from Retirees. And then a retirement list could be generated appropriately.

- The O/P record location field on the mini-registration does not update when records are transferred or retired when the Transfer-Retire option is used. This is being addressed in a SIR being fixed now.

B.3 INTEGRATION ISSUES.

B.3.1 CLN.

CLN/PAS.

- Contact the PAS POC to verify that PAS Profiles have been updated and schedules have been updated for consulting providers who need to enter consult results for a particular clinic if consult resulting on CHCS is utilized.

Contact the PAS POC to verify that PAS profiles and schedules have been updated to support the use of APV.

CLN/PAD.

- Identify POC for transportable patient records.

B.3.2 COMMON FILES.

CF/WAM

- Database administrators, MEPRS personal and WAM personnel will need to coordinate with each other to determine correct default locations for providers, correct MEPRS codes for the CHCS MEPRS file, and correct MEPRS codes for hospital locations.

CF/APV AREAS (CLN, PAD, PAS, MRT)

- For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

Refer to PAS, PAD, CLN, and MRT IUGs

B.3.3 LAB.

___ LAB/INTERFACES

Regarding APCOTS, refer to the MPL Enhancement (Lab IUG).

Regarding DBSS Blood Bank interfaced sites, there are screen changes as a result of this upgrade to the laboratory test ordering screens and results retrieval.

B.3.4 MCP.

A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

MCP/CONTRACTORS

___ Sites must coordinate with the Lead Agent/Tricare contractors to determine how long a grace period, if any, should be established for AD patients before disenrollment occurs.

B. SET PCM CAPACITY FOR MEDICARE ENROLLEES

MCP/PAS

___ Sites enrolling Medicare patients may now establish PCM capacities for each PCM.

C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

MCP/PAS

___ If no provider shows in the "Referred by" field, a user can display a list of PCM providers.

D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

MCP/DEERS/PAS

___ CHCS will interface with DEERS. DEERS Information stored in the Patient File for patients not enrolled on the local system will be updated every time a DEERS check for that patient is made.

___ Enrollee Lockout must be activated in the clinics to utilize enrollee lockout screen enhancements.

___ All users performing new registrations, full or mini-reg, may be able to view a patient's Tricare status.

E. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT

MCP/DEERS

- Users may still process conditionally enrolled patients manually as before, although CHCS performs DEERS checks and updates enrollment status every 7 days if appropriate.

F. AD ASSIGNMENT TO EXTERNAL PCM

MCP/DEERS

- DEERS will count AD personnel assigned to contractor PCMs as being assigned to the contractor and will display that DMIS ID.

MCP/CLN

- Active Duty Personnel may now be assigned to Providers with Agreement types of NET and SUP.

G. PROVIDER PLACE OF CARE INACTIVATION

MCP/PAS

- PAS Clinics/MCP Places of Care and providers can be inactivated in a similar manner now.
- PAS inactivation of Clinics and Providers will affect MCP Places of Care and MCP Providers. MCP Supervisors should be members of PAS Supervisors Mail Groups or have their mail also attached to the PAS bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.
- MCP inactivation of providers via the PAS PROVIDER PROFILE screen in GNET will affect PAS Providers.
- MCP Inactivation at the Group and Place of Care Level within the menu option GNET ARE NOT PAS inactivations.
- Inactivation of providers via any other CHCS functionality will affect PAS and MCP. CHCS will display a message informing the user if the provider has open appointments, wait list requests or linked enrollments.

H. UIC TOTAL SOLUTION

MCP/ALL

- All functionalities will be affected.
- MCP UIC/PCM links must be reviewed and corrected where necessary.

I. EBC

Refer to EBC IUG.

B.3.5 PAD/MSA.

- ___ Confirm that all Common File data related to PAD/MSA is entered.
- ___ Workflow associated with the new APV software is strongly integrated amongst several functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.
- ___ Workflow associated with the new DD7A software is strongly integrated amongst the PAD and PAS functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.

B.3.6 PAS.

- ___ APV clinic build must be coordinated with CLN and MRT functionalities.

B.3.7 PHR.

PHR/CLN

- ___ If the site decides to use dispensing software, pharmacy needs to communicate the impact on physician/nurse users. The Patient Order List (POL) displays RX dispensing information and mail messages are generated when RXs are marked non-compliant.
- ___ Drug lookup of a compounded drug via CLN option DRUG will display the title 'Compounded Drug' and a listing of all the drug products it contains and their respective American Hospital Formulary Service (AHFS) Classifications. Drug lookup by means of '[therapeutic class]' will include any compounded drugs containing members of the specified class. Compounded drugs will not generate a Patient Medication Instruction Sheet(PMIS).

PHR/CLN/PAD/PAS

- Discuss procedures for entry of APU orders between Pharmacy, Clinical and PAS/PAD supervisors to ensure the timely ordering and processing of medication and IV orders on APV patients.

PHR/INTERFACES

- The fill cost is transmitted to CEIS and MCHMIS.

PHR/CF

- The Provider Screen Changes should be reviewed in the 4.6 Common Files IUG.

B.3.8 RAD.

- The development of the Ambulatory Procedure Unit will now allow CLN/LAB/RAD/PHR to place and process orders on a new page - Ambulatory Procedure Visit (APU) on the Patient Order List (POL) screen. The APV page is created at the time the Ambulatory Procedure Request is made via Order Entry or by a PAS user when an appointment is 'booked.' When the order is activated, CHCS will communicate a request to schedule an APV appointment through the PAS software. However, the APU page will not be activated until PAS completes the appointment process - KEPT appointment. If pre-op orders are entered on this page but the appointment has not been KEPT, Radiology will NOT be able to see or process these orders, which may result in duplicate order entry once the APU page has been activated.

It is recommended that pre-op x-rays continue to be placed on the 'Outpatient Page'.

B.3.9 MRT.

- Appropriate file rooms should be created to STORE the NEW Standard Record Types (APV, etc.). Will PAD or PAS create these file rooms?
- All PAS/MCP personnel responsible for creating APV records must have access to APV file rooms storing those records. This means assigning them file room security keys (if any are assigned to APV file rooms).
- It must be decided which file/table POC (PAS or MRT) will enter APV file rooms into the system.

B.4 FILE AND TABLE CHANGES.

B.4.1 CLN.

File and table time for data collection and build may be extensive, depending on what enhancements a site chooses to activate and what files were built previous to 4.6. It is recommended that each section of this IUG be thoroughly reviewed before deciding to utilize it's enhancements.

Coordination with other subsystems will be necessary for some of the enhancements. Once a decision has been made, review the File and Table section before activating.

Note: Some F/T build may be done pre or post-load.

— To support the use of Nursing Due lists, make entry in a new field in the Clinical Site Parameters called 'Days to Collapse the Past APV Page:'. This parameter should be set before the site begins using the APV page options.
Est. Time: 1 minute

— Work with builder of Common Files to name the APV page by using the first three characters from the abbreviation field in the Hospital Location File (#44) and adding '-APV'. The abbreviations entered for these locations should not begin with the same three characters (i.e. 'SDS...' or 'APU...').

(Refer to Common Files Sections on F/T)

— If the site plans to use Nursing Documentation options, file and table for the Nursing Order file should be reviewed.
(1-4 hrs.)

— Consults must be defined for a specific clinic to result and designated as SCHEDULED if not currently with that Schedule type (do this post-load so as not to upset current Consult processing). Consults in CHCS are maintained as ancillary procedures.
Est. Time: 1-2 hrs.

— The Progress Note Title (PNM) option must be populated before the users will be able to document notes.
Time Est.: 1 min./note title

— Assign the NS DISCHARGE security key for authorized users to access the 'Discharge Summary Enter/Edit' option. Any Nurse/Clerk users who transcribe D/C summaries and all doctors who discharge patients require this key.
Time Est.: 10min/20users

- ___ Populate the Patient Instructions file with discharge summary instructions. Populate the 'Discharge Summary Text' file with predefined summary templates for import into summaries.
Time Est.: 1 hr. - 1 week (depending on number)
- ___ Assign NS IMM security key to authorized users who must access the 'Immunization/Skin Test Enter/Edit' option for the purpose of documenting.
Time Est.: 10 min/20 users
- ___ Review the immunization file in the 'Immunization Maintenance' option (IPM) before the use of this option.
Time Est.: 4 hrs.
- ___ Assign the DG TRANSPORTABLE RECORDS security key to the appropriate Clinical personnel for this effort.
- ___ Coordinate with the Systems personnel to define TCPR parameters regarding the IP addresses of sites you wish to communicating with.
- ___ Ensure that the Clinical Site parameters to enable TCPR Mini-Reg and Purge TCPR records are set. Defaults are Yes and 7 days.
- ___ Ensure that the Clinical Site parameter for purging Problem Selection Lists is set. Default is 365 days.

B.4.2 COMMON FILES. (Refer to Common Files IUG)

Pre Load:

- ___ Determine which Divisions have inappropriate MTF entries. These will need to be fixed.
- ___ Determine which hospital locations have inappropriate MTF entries. These will need to be fixed.

Post Load:

- ___ After all sites on a given CHCS system agree on one name to designate for the System, and values for the other fields in the file, then they can enter a Host Platform.
- ___ In the case of hospital locations with inappropriate MEPRS codes, A determination will need to be made as to who uses the location if anyone. If no one uses the location, it should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.

- ___ Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed.
- ___ Medical treatment Facility file entries can be edited as necessary.
- ___ APU MEPRS codes will need to be edited.
- ___ APU Hospital Locations will need to be linked to DGA* MEPRS.
- ___ Mail bulletins need to be attached to appropriate mail groups for inactivated providers or places of care to insure that system generated messages get to the appropriate people

B.4.3 LAB.

Concerning Anatomic Pathology and APCOTS, this upgrade will not affect sites that have already completed File/Table for MPL. There are no software changes from CHCS versions 4.52 to 4.6.

- ___ For all DOD-selected and funded sites using APCOTS that have not performed File/Table for MPL, complete file and table build.
Time Est: 1-2 hours.

B.4.4 MCP.

A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

- ___ Set Grace Period Parameter field if needed. Default is 120 days if no action is taken.

Menu Path: CA>PAS>MCP>FMCP>FTAB>PARA

B. SET PCM CAPACITY FOR MEDICARE ENROLLEES

- ___ Reset PCM Capacities if necessary. 5 mins per PCM Group

C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

None

D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

None

E. AUTOMATIC ELIGIBILITY CHECK FOR CONDITIONAL ENROLLMENT

None

F. AD ASSIGNMENT TO EXTERNAL PCM

____ Define AD capacities for External PCMs with agreement types of NET and SUP via menu option GNET unless unlimited capacities are desired. 15 mins. per Provider Group.

G. PROVIDER PLACE OF CARE INACTIVATION

____ Ensure PAS TaskMan Bulletin, SD WEEKLY CLEANUP, is tasked to run weekly.

____ Attach PAS/MCP Supervisory Mail Groups to the new Mail Bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.

H. UIC TOTAL SOLUTION

None

I. EBC

Refer to EBC IUG.

B.4.5 PAD/MSA.

Post-load PAD/MSA File and Table changes:

Estimated time: 10-20 minutes

____ Verify that all necessary MASCAL File and Table information has been relocated in the new MASCAL Parameters (MAS). Menu Path: PAD>SDM>MAS

____ The DD7A Outpatient Billing Table should be populated with the correct rates for each B and C level MEPRS code. Menu Path: MSA>D7A>DTE

____ The APV Record Parameters should be populated by authorized Clinical Records Department supervisors.

B.4.6 PAS.

- ___ The Host Platform name must be entered into the Hospital Location file.
- ___ The clinic profiles need to be reviewed to ensure that they are set up with the correct service so that booking can search across divisions.
- ___ The site must populate the Service Type file through PAS post install.
- ___ APV clinics must be set up in the PAS profiles.
- ___ Record tracking file rooms must be created for APV records. Any file room security keys need to be assigned APV PAS users.
- ___ A PAS bulletin SD WEEKLY CLEANUP should be tasked to run weekly. Attach bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE to the appropriate PAS and MCP mailgroups.

B.4.7 PHR.

Pre-Load:

- ___ All items issued as stock should be defined as either 'BULK' or 'CLINIC'. This can be done post-load if the user prefers, however, it must then be done via MSI.

Post-Load:

(Can be done at users' discretion, will not affect pre-4.6 functionality)

- ___ If the site intends to use Bar Code, the 'BAR CODE ENABLED' field, in the Outpatient Site Parameters, must be set to 'YES'.
- ___ The printer(s) that will print bar coded labels must be defined in the Device File.
- ___ If the site intends to use Dispensing Option/Dispensing Option Enhancement or Quick Dispense, Dispensing Options must be ENABLED for the appropriate Division(s).
- ___ Compounded drugs in use should be defined via ADN to include all applicable NDC numbers(to a maximum of 8 NDCs or 8 ingredients). If this is done the Clinical Screening software will act against each ingredient. If it is not the software will process a compounded drug as if it were a single product.

- ___ The site should be made aware of the new format of the Refill Grace Period and Scheduled Refill Grace Period fields. The defaults of 75% may be accepted or changed.
- ___ Non-professional users, e.g., volunteers may be assigned Quick Dispense (QRX) as a secondary menu option.
- ___ Enter APU clinics in Ward Groups.
- ___ The local cost field in the Formulary must be populated for accurate cost reporting.

B.4.8 RAD.

- ___ All Radiology Location schedule templates utilizing 24-hour scheduling will require start and stop time template modification.
- ___ Enter any record types to be pulled for clinics into the Borrowers Setup File.
- ___ Add new print fields to Label Print formats if they will be used.

B.4.9 MRT.

1. INPUT STANDARD RECORD TYPES IN TYPE OF RECORD SETUP FILE
 - ___ Populate the STANDARD RECORD TYPE FIELD in the TYPE OF RECORD SETUP FILE for all record types currently utilized, as well as any NEW Standard Record Type to be implemented.
2. CREATE AN 'ASCII NOTIFICATION' MAILGROUP:
 - ___ The System Mail Manager does this. (Menu path: EVE->MM->MGE)

The mailgroup members will be receive a bulletin notifying them that the Record Index/Shipment Data File is ready to be converted to ASCII format and placed on a diskette for shipment to NPRC.
3. ADD 'ASCII' MAILGROUP NAME TO MRT APPLICATION SETUP:
(Menu Path: PAD->MRM->{file room}->SD->APP->second screen)
 - ___ After creating RT ASCII NOTIFY mailgroup, enter name of the mailgroup the new ASCII File Mail Group FIELD in the Record Tracking Application Setup.

4. ALLOW BATCH PROCESSING (Menu Path: PAD->MRM->{file room}->SD->MTS->Movement Type Set-up)

— The 'Allow Batch Processing' specifies whether a Movement can be utilized when records are retired or transferred.

The 'Allow Batch Processing' field for the NEW Movement Type of RETIRE RECORDS MUST be set to YES by the File room Supervisor

5. CREATE FILEROOMS FOR STANDARD RECORDS TYPES THAT WILL BE USED IN RECORD TRACKING

— Enter Menu Path: MRM->{file room}>SD->FSU) and create any new file rooms which will be storing new records.

— Enter new any new record types in the Type of Record Setup (Menu Path: PAD->MRM->{file room}->SD->TYS).

Make sure File room has been added as 'File room Allowed to Store Record.

— Add Standard Record Type to the Application Setup File (Menu Path: PAD->MRM->{file room}->SD->APP->select DIVISION->RECORD TYPES screen)

— Add file room to Borrowers Setup File (Menu Path: PAD->MRM->{file room}->SD->BSU)

— The Database Administrator must complete the Service and MEPRS code fields in the Hospital Location File for all APV File rooms created (Menu Path: CA->DAA->CFT->CFM->HOS)

B.5 SECURITY KEYS.

B.5.1 CLN.

NS CONSULT RESULTS	Allows the user to enter Consult Results and view results after verification.
NS IMM	Allows the user access to document immunizations from the Nursing Menu.
NS DISCHARGE	Allows the Clinical user access to the Discharge Notes option.
GP EUROP1	Allows the user access to problem lists and progress notes from the Order Entry action prompt.

OR MD MNG	Allows the user to access the Table Maintenance Menu option from the Physician menu.
SD APV	Allows the user access to the MAPV option.
SD APV MINSRV	Allows the clinical user to emergently disposition an APV patient from the ORE action prompt to support an inpatient episode that results from an APV visit.

B.5.2 COMMON FILES.

No new Security Keys for CF.

B.5.3 LAB.

No new Security Keys for LAB.

B.5.4 MCP.

CPZ PCM AGR LOCK

This Key is intended for users allowed to assign AD personnel to External PCMs.

Menus Affected:

ER	Enrollments
BMCP	Batch PCM Reassignment
UBER	Batch Enroll AD
UICP	UIC/PCM Maintenance
GNET	Provider Network

Suggested users: Enrollment Clerks, MCP File/Table personnel, Personnel performing Batch Enrollments, PCM reassignments.

CPZ MCSC

This key is intended only for use with the MCSC interface in selected regions. This is here for documentation only.

****DO NOT ISSUE UNLESS TOLD TO DO SO****

CPZ DISENROLL-CANCEL CORRECT (EBC related)

This key locks the menu option DCAN (Cancel Disenrollment).

Menus Affected:

CAN Disenrollment Cancellation/ Correction

CPZ TSC LOADER

****DO NOT ASSIGN****

This key was initially for use with MCSC I and the HL7 MCP transfer. This key should not be assigned to anyone.

B.5.5 PAD/MSA.

MSA DD7A BILLING	Locks access to the DD7A Monthly Outpatient Billing Process (MBP). This key should be given to any/all MSA personnel responsible for processing and finalizing the new DD7A Billing Report
DG APVOUT	Security key restricts access to the report menu of the APV Delinquent Record Tracking Menu. This key should be given to All Clinical Records personnel responsible for APV record completion.
DG APVSUPER	This security key restricts access to the APV Parameters option of the APV Delinquent Record Tracking Menu. This key should be given to the Clinical Records Supervisor
DG APVUSER	This security key restricts access to the APV Delinquent Record Tracking Options. This key should be given to All Clinical Records personnel responsible for APV record completion.
MSA DD7A BILLING	This key will allow a user access to produce an end of month bill for the new DD7A function. This key should be given to MSA personnel responsible for processing this End of the Month DD7A Report.

B.5.6 PAS.

SD APV: Accesses the APV menu.

SD APV KEPTROSTER: Accesses roster of Kept APV appointments.

SD APV MINSRV: Accesses the APV minutes entry/edit screen.

Attach any APV file room security keys to PAS APV users.

B.5.7 PHR.

There are no new Pharmacy security keys for Ver 4.6

B.5.8 RAD.

No New Security Keys for RAD

B.5.9 MRT.

SD APV	Accesses the APV menu
	Assigned to PAS or PAD users who create APV records.

Appendix C :

TRAINING AND FILE/TABLE BUILD MATRIXES

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TRAINING MATRIX (Version 4.6)

	Demos	Hours	Users	Training	Hours	Users	Handouts*
CLN	Y ¹	4	Nurses/Clks Physicians CLN Spvrs	N	-	-	-
COMMON FILES	Y	2	DBA	N	-	-	-
DTS	N	-	-	N	-	-	-
LAB	Y	1.5	QA/LAB Tnrs F/T POCs	N ²	-	-	-
MCP	Y	2 ³	MCP/Tricare Enrlmt Clks HCF	N	-	-	-
MRT	N	-	-	Y	2.5 ⁴	MRT POCs	-
MSA/TPC	Y	1	MSA POCs	N	-	-	-
PAD	Y	2.5 ⁵	PAD POCs	N	-	-	-
PAS	Y	2	PAS POCs	N	-	-	-
PHR	Y	.5-1.5 ⁶	PHR POCs	N	-	-	-
RAD	Y	2	RAD POCs	N	-	-	-
WAM	N	-	-	N	-	-	-

*Handouts may be used to supplement demos/training or, in some cases, be used in lieu of training. Appendix E includes the familiarization training plan.

- 1 - Recommending separate sessions for Nurses/Clerks, Physicians, and CLN Supervisors.
- 2 - If APCOTS is to be activated, additional 2-3 hours Training for key LAB POCs and F/T Build personnel.
- 3 - MCP/Tricare Supervisors 2 hours, Enrollment Clerks 1 hour (can also attend portion of above session), Health Care Finders .5 hour.
- 4 - 2 hours, personnel that retire records; F/T Supervisors, 2 hours (can also attend the same session as personnel that retire records); Site Manager or System Specialist .5 hour; PAS Supervisor (if they will enter APV file rooms in system, .5 hour.
- 5 - First 1.5 hours are for Clerks, an additional hour for Supervisors.
- 6 - If Bar Code and Dispense Options ARE used, demo will be 1.5 hours. If they are not being used, a .5 hour demo for PHR supervisors only.

FILE AND TABLE BUILD MATRIX (Version 4.6)

	PRE LOAD	TIME	POST LOAD (PRE-USER)	TIME	POST LOAD (POST-USER)	TIME
CLN	DC	8hrs- 1 week	N/A	-	FT	4-8 hrs.
CF	DC/FT	8 hrs.	N/A	1 hr.	FT	-
DTS	N/A	-	N/A	-	N/A	-
LAB	N/A	-	N/A	-	FT ¹	1-2 hrs.
MCP	N/A	-	N/A	-	FT	1 hr.
MRT	N/A	-	N/A	-	N/A	1 hr.
PAD/MSA	N/A	-	FT	10-20 Min.	N/A	-
PAS	N/A	-	N/A	.5 ²	FT	1 hr.
PHR	N/A	-	N/A	-	FT	.5 hr.+ ³
RAD	N/A	-	N/A	-	N/A	1 hr.
WAM	N/A	-	N/A	-	N/A	-

Note: The File and Table build estimates may vary. This is an estimated time line for planning purposes. Use the appropriate sections of the IUGs for detailed information.

DC = Data Collection FT = File/Table

- 1 - LAB file and table is only necessary if APCOTS is being used at site and MPL file and table build is not complete.
- 2 - For PAS, this time can be used for MRT instead (depending on who builds the file rooms.
- 3 - PHR file and table estimates will depend on which functions are being used (Dispensing option, Barcode, etc.)

Appendix D :
DATA COLLECTION FORMS

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None noted.

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Appendix E :

FAMILIARIZATION TRAINING PLAN

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Refer to MCP IUG v4.6.

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Appendix F :
SAMPLE REPORTS

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A. PATIENT CATEGORY ENROLLMENT SUMMARY (screen #9)

**Menu Path: PAS -> M -> OMCP -> ERME -> SUMM -> 4
-> EMCP -> OENR -> ERPM -> SUMM -> 4**

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PATIENT CATEGORY ENROLLMENT SUMMARY

**** ENROLLEE TOTALS By PATIENT CATEGORY ****

Division: A DIVISION (OK)

=====

Patient Category	Enrollee Total
------------------	----------------

=====

Active Duty

A11	USA ACTIVE DUTY ENLISTED	13
F11	USAF ACTIVE DUTY	5
N11	USN ACTIVE DUTY	11

Active Duty Total: 29

Fam Mbr Of Active Duty

A41	USA FAM MBR AD	2
F41	USAF FAM MBR AD	1
N41	USN FAM MBR AD	1

Fam Mbr Of Active Duty Total: 4

Retired

F31	USAF RET LOS ENLISTED	1
-----	-----------------------	---

Retired Total: 1

Other

N25	USN FAM MBR FAD-TRANS ASSIST	1
-----	------------------------------	---

Other Total: 1

Division Total: 35

B. ENROLLMENT ROSTER for ACTIVE DUTY FAMILY MEMBERS by UNIT

Menu Path: PAS -> M ->OMCP ->ERME ->ROST ->1
EMCP ->OENR ->ERPM ->ROST->1

Sample Enrollment Roster

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Personal Data - Privacy Act 1974 (PL-93-579)
ENROLLMENT ROSTER for ACTIVE DUTY FAMILY MEMBERS by UNIT

Division: MCP DIVISION
Unit: 1912 COMPUTER SYSTEMS GP

Sponsor/ Family Members	Sponsor FMP/SSN/Rank	FMP	DDS	DOB	Enrolled Date
COOK,JOHN F	20/196-42-5116/GEN				
COOK,NEWBORN		06	20	03 Jan 1945	01 Jul 1997

Family Member Total: 1

DYCHE,MARK S	20/219-84-5506/SSG				
DYCHE,HANNAH		01		16 Nov 1993	01 Jul 1997

Family Member Total:

GRILLO,JOHN D	20/449-63-7755/1LT				
GRILLO,NEWBORN		05	1	04 May 1991	18 Jun 1997

Family Member Total:

Unit Total:

C. EBC ENROLLEE DIV CONV REPORT

Sample Report Part I

TRIPLER ARMY MEDICAL CENTER 20 JUL 1997 Page 1

ENROLLMENT DIVISION CONVERSION REPORT - PART I

FROM ENR DIVISION	(DMIS)	MOVE TO POC DIVISION	TOTAL PATIENTS
PEARL HARBOR	0211	TRIPLER ARMY MEDICAL CENTER	43
SCHOFIELD BARRACKS	1092	PEARL HARBOR	11
TRIPLER	0322	SCHOFIELD BARRACKS	5
TOTAL PATIENT COUNT:			59

2. Part II of the spooled report provides a total count of all current enrollees based on the PCM's Place of Care division, which is the enrolling division. This section of the report counts the statuses of Enrolled (MCP Status of E) and Invalid Disenrolled (MCP Status of ID). Pending enrollments will not be counted in this section because it will reflect enrollments as of the current date. Refer to sample screen 8.

Sample report Part II

TRIPLER ARMY MEDICAL CENTER 22 JUL 1997 Page 1

ENROLLMENT DIVISION CONVERSION REPORT- PART II

ENROLLING DIVISION	DMIS	TOTAL PATIENTS
PEARL HARBOR	0211	1,943
SCHOFIELD BARRACKS	1092	2,011
TRIPLER	0322	5,001
TOTAL PATIENT COUNT:		8,955

*Note: Only currently enrolled records will be addressed by this conversion. If a user processes a disenrollment cancellation, the enrolling division will be rechecked to verify that the enrolling division (based on the re-assigned PCM) matches the PCM Place of Care division. If the enrolling division is updated, a DEERS update transaction will be transmitted at the time the disenrollment cancellation is processed.

D. MEDICARE Spooled report

Sample Medicare spooled report

Canceled Enrollments for Medicare Enrollees

FMP/SSN:	NAME:	ENR	STD	ENR	END	PCM	CHMP
20/043-30-2221	BROWN, THOMAS	01Jun96	31Dec97			RED TEAM	Y
30/043-30-2221	BROWN, CANDACE E	01Jun96	31Dec97			INTERN MED	N
31/122-22-1887	ADAMS, SANDY	01Feb97	31Jan98			SMITH, TOM	N
.							
.							
.							
30/801-44-6543	DONOVAN, SUSAN T	08Jan97	31Jan98			RED TEAM	Y

TOTAL MEDICARE ENROLLEES CANCELLED: 59

* * * * *

NOTE:

Based on the number of Medicare enrollments that were canceled upon installation, please file a SAIC Support Call. MCP software development staff must review the data contained in this report. The installation of the Medicare Demonstration enhancements will not be impacted by the generation of this report.

* * * * *

E. CHCS/DEERS ENROLLMENT SYNCHRONIZATION REPORT

Sample Synchronization Report

TRIPLER AMC HONOLULU HI

15 Aug 1997@1042 Page 1

CHCS/DEERS ENROLLMENT SYNCHRONIZATION REPORT
*** CHCS ENROLLEES AS OF 1 AUG 1997 ***

ENROLLING DIVISION	DMIS	REGION	ENROLLEES
PEARL HARBOR	0211	12	
A - TRICARE PRIME (ACTIVE DUTY)			1,030
D - MEDICARE			3
E - TRICARE PRIME (CHAMPUS)			910
TOTAL			1,943
SCHOFIELD BARRACKS	1092	12	
A - TRICARE PRIME (ACTIVE DUTY)			1,000
D - MEDICARE			11
E - TRICARE PRIME (CHAMPUS)			1,000
TOTAL			2,011
TRIPLER	0322	12	
A - TRICARE PRIME (ACTIVE DUTY)			3,342
D - MEDICARE			91
E - TRICARE PRIME (CHAMPUS)			1,568
TOTAL			5,001
TOTAL PATIENT COUNT:			8,955

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Appendix G :
MCP ENROLLMENT DISCREPANCY CODES

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SUGGESTED CORRECTIONS OF INVALID ENROLLMENTS/INVALID DISENROLLMENTS

If get a discrepancy when you send an enrollment/disenrollment transaction, correct the data first and then send another transaction by simply repeating the enrollment/disenrollment process.

It's not always apparent what data needs correcting. The following section attempts to describe the data discrepancies that would cause the discrepancy in question. This is not a comprehensive list of possible discrepancy causes but is intended only as an aid. **These are only suggested recommendations.**

For all discrepancies where the cause is listed here as "Should not get on an enrollment/disenrollment response" be alert for a software problem. It may be prudent to log a support center call to have it checked out.

DISCREPANCIES & WHAT MIGHT CAUSE THEM

- 99 Transaction Complete
This is the DEERS response saying everything worked perfectly, so you should not be seeing this reason on the Enrollment/Disenrollment Discrepancy report. If you do, log a support center call. You should see this code in the PENR option if you have a successful transaction.
- 10 Invalid Transaction Type
Either MCP or TOOLS s/w is wrong. Log a Support Center call.
- 11 Invalid MTF Site Code
Check the Site Code in the DEERS Parameters file on the Site Manager menu chain. Sites should verify their Site Code with the DEERS support center.
- 12 Invalid Sponsor SSN
Should not be received as an enrollment/disenrollment response. If getting these, log a support center call.
- 13 Invalid Patient DOB
Possibly caused by a DOB entered as just month/year (no day).
- 14 Invalid Family Sequence Number
Should not get on an enrollment/disenrollment response.
- 15 Invalid Patient FMP
Should not get on an enrollment/disenrollment response.
- 16 Invalid DDS
Should not get on an enrollment/disenrollment response.
- 17 Invalid UCA
Should not get on an enrollment/disenrollment response.
- 18 Invalid Patient Street
Should not get on an enrollment/disenrollment response.
- 19 Invalid Patient City
Should not get on an enrollment/disenrollment response.
- 20 Invalid Patient State
Should not get on an enrollment/disenrollment response.
- 21 Invalid Patient Country
Should not get on an enrollment/disenrollment response.

- 22 Invalid Patient Zip Code
Should not get on an enrollment/disenrollment response.
- 23 Invalid Eligibility Code
Should not get on an enrollment/disenrollment response.
- 24 Invalid Eligibility End Date
Should not get on an enrollment/disenrollment response.
- 25 Invalid Eligibility End Reason
Should not get on an enrollment/disenrollment response.
- 26 Invalid User ID
Should not get on an enrollment/disenrollment response.
- 27 Invalid Country Code
Should not get on an enrollment/disenrollment response.
- 28 Invalid State Code
Should not get on an enrollment/disenrollment response.
- 29 Invalid Address Update Switch
Should not get on an enrollment/disenrollment response.
- 30 Invalid Eligibility Override Code
Should not get on an enrollment/disenrollment response.
- 31 Invalid Home Phone Number
Should not get on an enrollment/disenrollment response.
- 32 Invalid Eligibility Start Date
Should not get on an enrollment/disenrollment response.
- 33 Invalid Registration - Patient Not Found
Should not get on an enrollment/disenrollment response.
- 35 Invalid Cancel - Start And End Dates Not Equal
Repeat the disenrollment transaction. Make sure that the disenrollment date is the same as the enrollment start date. Check the returning discrepancy in PENR. If patient is still showing the same reason, log a support center call.
- 36 Invalid Cancel - Patient Not Enrolled
This code is interpreted as a "GOOD" code in the CP ENROLLMENT BULLETIN. If you see a patient where the MCP Status is IE or ID and this is the discrepancy, log a support center call.
- 37 Invalid Cancel - DMIS Does Not Match
This means that either the DMIS ID for the Enrolling Division was changed or the Enrolling Division was changed and an update transaction was not sent to DEERS to change the DMIS ID. If you have a lot of these and they are in the same Enrolling Division, you may want to run the DMIS Update DMIS ID option for that Enrolling Division. If it is just one patient, you can change the Enrolling Division to some other Division and file the data. Change the Enrolling Division back to the correct division by reassigning the PCM. This will force two update transactions to DEERS, sequentially changing the DMIS to that of the Enrolling Division. Then you can repeat the cancel transaction.

If that doesn't work, it is possible that the Enrolling Division is using a DMIS ID that is not in the DEERS DMIS ID table. Suspect this especially if you have a lot of discrepancies relating to DMIS IDs. Log a DEERS support center call.

- 38 Invalid Enrollment Date Change - Patient Not Enrolled
This is caused when an update enrollment transaction is sent to DEERS to change the start or end date, but the original enrollment transaction failed DEERS edits and therefore was never recorded on DEERS. Return through the enrollment screens and re-send the enrollment transaction. If that doesn't work, log a support center call.
- 39 Invalid Enrollment - Not Eligible For Plan
Three things cause this. #1 The Patient Category is wrong on CHCS and therefore the wrong ACV is sent as part of the enrollment transaction. The best way to determine if this is the case is to do an on-line eligibility check. If the patient is active duty, the non-enrolled ACV is N; if the patient is not active duty, the non-enrolled ACV is usually a C. After doing the eligibility check, do a FM inquire against the patient file to see the field DEERS SPONSOR STATUS. R and O are retired values. A and B are active duty values. Correct the patient category on CHCS and re-do the enrollment. You must manually change the MCP Patient Type when you go through the enrollment screens for the correction as this does not automatically update. #2 is bad data on DEERS. The DEERS database is case-sensitive. If the ACV is recorded in lower-case, then the enrollment transaction will be rejected even though CHCS is sending the correct ACV value. Log a DEERS Support Center call. #3 is the site is sending an inappropriate DMIS ID for Medicare. Review whether the DMIS ID is an authorized site to enroll Medicare patients.
- 40 Invalid Enrollment - Plan Type Not A, D, or E
This is usually caused by a "hiccup" in the transmission to DEERS which puts a garbage character into the transmission string. Repeat the transaction. Run the report the next day and see if the patient is still on the report. If so, log a support center call.
- 41 Invalid Cancel - Canceling DMIS Does Not Match
This is like 37. Follow those tips.
- 42 Invalid Enrollment - DMIS Does Not Match
This is also like 37. But in Enrollment you don't have to change the Enrolling Division. Just go through the screens and send another enrollment transaction.
- 43 Invalid Enrollment Date Change - Invalid Plan Type
This is when you have changed the enrollment date and sent an update transaction, but the ACV transmitted as the update was wrong. Check the Patient Category and compare it to the data from an eligibility transaction. (See 39 for discussion of the eligibility data). This would be caused if the patient category was changed after the initial enrollment and before the enrollment date change. You might also just try to send it again by returning through the screens.
- 44 Invalid Disenrollment - Invalid Plan Type
Similar to 43.
- 45 Invalid Disenrollment - DMIS Does Not Match
Similar to 37. It might also be caused by the scenario where another site has reciprocally enrolled the patient to their site (thereby changing the DMIS ID on DEERS), but the reciprocal process to disenroll the patient at this site didn't happen. Repeat the eligibility transaction and check the DMIS ID field and look at the History segments on the DEERS eligibility response. If this is the case, you would see an earlier segment showing your site's DMIS ID and a new segment showing the other DMIS ID. If true, disenroll as of the ACV start date shown for the new DMIS ID. You'll get a 52 discrepancy on the transaction, but CHCS will consider that to be a "GOOD" code. See 52 for a discussion of that.

- 46 Invalid Enrollment - Start Date Prior to October 1 1992
You should never get this because CHCS prevents entry of an Enrollment start date prior to 1 Oct 92.
- 47 Invalid Disenrollment Date Correction - Patient Not Disenrolled
According to DEERS, the patient must be disenrolled to process a disenrollment date correction. You sent an update disenrollment transaction but the original disenrollment transaction was never recorded on DEERS. Repeat the disenrollment again.
- 48 Invalid Update - Not Currently Enrolled
Similar to 47. Go through the enrollment screens again and repeat the transaction.
- 49 Invalid Disenrollment Date Change- Patient not currently Enrolled
- 50 Invalid Site ID
Log a call at the DEERS Support Center.
- 51 Invalid Site - Not CCP Site
Log a call at the DEERS Support Center.
- 52 Invalid Disenrollment - Patient Not Enrolled
The CP ENROLLMENT BULLETIN (a.k.a. the nightly job) has been modified to treat a 52 as a "GOOD" code so you should not be seeing this. This was done in version 4.6 and was a QF to version 4.31/4.32. If this is appearing on your reports you need QF 22650.
- 53 Invalid Disenrollment Date
Not sure what causes this, but check the enrollment start/end dates and repeat the transaction.
- 54 Invalid Disenrollment - Patient Already Disenrolled
If you get this discrepancy and the MCP Status is INVALID DISENROLLMENT, log a support center call.
- 55 Invalid Site For Enrollment
Log a DEERS support center call
- 56 Invalid Enrollment - Patient Already Enrolled
You get this code if you enrolled someone as a regular enrollment, but it should have been a reciprocal enrollment/disenrollment. Repeat the enrollment transaction and be sure to repeat the DEERS check and get the Family Member Screen so that you can invoke reciprocal.

If already enrolled at the same site, CHCS should screen this discrepancy code and keep the patient enrolled. If Invalid, log a support center call.

If a discrepancy because CHCS enrollment dates overlap with DEERS, correct CHCS enrollment start and end dates to correspond with DEERS.
- 57 Invalid Enrollment Eligible Code
Am not sure what causes this.
- 58 Invalid Enrollment - Patient Not Eligible For CCP
Am not sure what causes this, but repeat the eligibility check and make sure you and DEERS agree on DEERS Sponsor Status/Patient Category. Repeat the enrollment transaction. If that doesn't work, call DEERS support center and ask.
- 59 Invalid DOB/DDS
I don't think you should get this on an enrollment transaction.

60 Invalid DMIS Number

The DMIS ID of the Enrolling Division (version 4.6 or later) is not in the DEERS DMIS ID table. Log a DEERS support center call.

The following discrepancy codes should not be sent for enrollment/disenrollment transactions. They are discrepancy codes relating to NAS functionality. If you're getting them as responses to enrollment transactions, log a CHCS support center call.

- 61 Invalid Reason For Issue
- 62 Patient Category Does Not Match Patient Relationship
- 63 NAS Number Required
- 64 Medically Inappropriate City Required
- 65 Medically Inappropriate State Required
- 66 Medically Inappropriate ZIP Code Required
- 67 Medically Inappropriate Mileage Required
- 68 Medically Inappropriate Code Required
- 69 Invalid Patient Category
- 70 Invalid Admission Date
- 71 Admitting Hospital Required
- 72 Invalid Major Diagnostic Category
- 73 Issuing Officer Name Required
- 74 Issuing Officer Grade Required
- 75 Issuing Officer Title Required
- 76 Type "J" Transaction Required
- 77 Terminal ID Required
- 78 Invalid Sign Date
- 79 Invalid Other Insurance
- 80 Other Insurance Policy Required
- 81 Other Insurance Company Required
- 82 Sponsor Name Required
- 83 Patient Name Required
- 84 Patient Sex Required
- 85 Patient Found In DEERS On Conditional NAS Issue
- 86 NAS Record Not Found
- 87 NAS Already Canceled
- 88 Invalid Monthly Report Date
- 89 Unable To Issue NAS
- 90 Patient Address Not In DEERS
- 91 Invalid Monthly Report Type
- 92 Monthly Report Not Available For Type/Date Requested
- 93 Patient State Required On Conditional NAS
- 94 Patient ZIP Code Required On Conditional NAS
- 95 Invalid Issuing Officer Grade
- 96 Patient Category Does Not Match DDS
- 97 Patient Category Not Consistent With Sponsor Status
- 98 Sponsor Must Be Deceased For Surviving Dependent Patient Category
- A1 Medically Inappropriate Hospital Required

00 More Reciprocal Disenrollment Data To Receive

This is used for the nightly receipt of reciprocal disenrollments at the losing site. You should not be seeing this reason on the Enrollment/Disenrollment Discrepancy report. If you do, log a support center call.

01 SSN Not Found In DEERS Data Base - Verify SSN

The patient's sponsor is not on the DEERS database. Verify the SSN and DOB in CHCS. If correct, send the patient to the personnel office on base to register in DEERS. Otherwise log a Support Center call.

02 SSN Found - No Dependents Found

The patient's sponsor is on the DEERS database, but the patient (who is a family member) is not on DEERS. Send the patient to the personnel

office on base to register in DEERS.

- 03 DEERS Files Closed
This happens occasionally on DEERS. The transaction will remain in the queue until DEERS reopens. Do not do anything.
- 04 Input Length Greater Than Maximum
If you get this, log a CHCS support center call.
- 05 Invalid Block ID
This is used for the nightly receipt of reciprocal disenrollments at the losing site. You should not be seeing this reason on the Enrollment/Disenrollment Discrepancy report. If you do, log a support center call.
- 06 Invalid Disenrollment Flag
See 05.
- 09 Invalid PCM Contractor Code
The PCM Contractor Code which is entered in the site's MCP Parameters file is not part of the DEERS table for PCM Contractor Codes. Log a DEERS support center call.
- A2 Suc A2 Successful Reciprocal Disenrollment; Invalid Enrollment, Patient Not Eligible. Repeat the eligibility check and if it looks like the patient is eligible, check the patient category.
- A3 Invalid Cancel Disenrollment - Patient Not Disenrolled
According to DEERS, the patient must be disenrolled to process a disenrollment cancellation. DEERS never received or has not processed disenrollment cancellation.
- A4 Invalid Cancel Disenrollment - DMIS Does Not Match
The DMIS ID Code transmitted with the disenrollment cancellation does not match the DMIS ID Code that is stored in DEERS. A disenrollment cancellation may only be transmitted and processed by the enrolling division.
- A5 Invalid cancel Disenrollment - Start Date Does Not Match
The start date transmitted with the disenrollment cancellation does not match the start date recorded in DEERS. The start date must match to process the disenrollment cancellation.
- AA No More Reciprocal Disenrollment Data To Receive
You should not be getting this on an enrollment response. If so, log a CHCS support center call.
- ZZ External DEERS Database Experienced A System Error
This can happen sometimes with DEERS. Repeat the enrollment transaction. If you get it twice, log a DEERS support center call.

Appendix H :
MCP/DEERS TRANSACTION CODES

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MCP/DEERS TRANSACTIONS

TRANS#	TRANS	ACTIVITY	START STATUS	TEMP STATUS	RESPONSE GOOD BAD		NOTES
AQC41	ENROLL	Enr start is past or future dte	null	PE	E	IE	
AQC40	Cancel Enroll	Enr dte is future	null E PE IE ID	PE D D n/a ID	PE D D D D	IE ID ID D ID	PE updt'd by CP ENR BULL No canc trans to DRS
AQC45	Update Enr start		E PE IE	E PE PE	E E/PE E	E IE E	Neg discp code filed. PE updt'd by CP ENR BUL Send new AQC41
AQC47	Updte DMIS/PCM loc		E PE IE	E PE PE	E E/PE E	E IE IE	Neg Discp code filed PE updt'd by CP ENR BUL Send new AQC41
AQC42	Disenr-	dte is past/curr dte date is future dte	E E PE IE ID	ID ID ID na	D E D na	ID ID D na ID	ID updt'd by CP ENR BUL Message to use ECAN
AQC43	Recp Disenroll		na	na	na	na	
AQC44	Recp - Local enr dte past/cur Dis/Enr Disenr dte future		- -	PE PE	E PE	IE IE	Updt'd by CP ENR BUL
AQC46	Correct Disenr-	Must be past disenr date	D	D	D	D	If rejected orig disenr reinstated.
AQC48	Cancel Disenr	Must be a current or -future disenr date	D	PE	E	D	If rejected Orig disenr date reinstated
AQC4P	Conditional Enroll		-	C	C	C	Update if/when eligib response rcvd

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